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The Experience of Early Discharge: A Maternal Perspective

by

Wendy C. Tanaka Collins

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Abstract

The adjustments that must be made physically, emotionally, and socially make the early postpartum period a critical time for new mothers. Currently new mothers in Alberta have no choice in the length of their hospital stay despite research which indicates that early discharge may not be appropriate for all new mothers. The purpose of this investigation was to explore and describe first time mothers' perceptions of their experiences with compulsory early discharge. An understanding of the experience of early discharge for first time mothers will be useful to nurses, midwives, and physicians in assisting new mothers to adapt to the postpartum period. For the purpose of this investigation, *early discharge* is defined as discharge from hospital within 48 hours or less post-delivery.

The twelve voluntary, primary participants and the secondary informant were recruited for this study through a community health unit. Ethnographic techniques and procedures were used to answer the research question "What are primiparas' perceptions of their experiences following compulsory early discharge at 48 hours or less?" The first interview was conducted 7 to 10 days post-delivery and a second interview was conducted 6 to 7 weeks post-delivery. Data was analyzed using a three-part coding process, first level coding, pattern coding, and memoing. Concepts and themes were identified within the interviews. A constant comparison between the data collected in each interview was undertaken until no new categories or relationships were found in the data.

Several factors were identified that influenced the experience of early discharge for the new mothers. For the mothers in this study, their experience was affected by their labour and delivery experience, their readiness to go home, their perception of their physical well-being, their support systems and their level of preparedness for the challenges of new parenthood. The findings from this investigation have implications for nursing practice, research, and education.

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Table of Contents

Chapter	Page
I. Introduction	1
Purpose of the Study	2
Research Question	3
Early Discharge - A Definition	3
Thesis Format	4
II. Review of the Literature	5
Early Discharge Programs	5
Qualitative Research	8
Voluntary versus Compulsory	8
Postpartum Concerns	10
Summary	11
III. Method	13
The Sample	13
Sample Characteristics	15
Data Collection	15
Data Analysis	17
Methodological Rigor	19
Ethics	21

Chapter **Page**

IV. Findings 23

Setting the Stage 23

Influence of Labour and Delivery Experience 25

Time to Go Home 27

The Reality - Transition to Motherhood 29

The Early Days at Home 29

The Significance of Support 29

Beliefs and Attitudes 34

Concerns about Self 35

Concerns about Baby 38

Image of Baby 41

Coping Skills 42

Settling In - The Later Days at Home 43

Support 43

Changes for Mother 45

Confinement 45

Conflicting Advice 47

Self-confidence 48

Changes in Baby 51

Advice to New Mothers 52

Summary 53

Chapter **Page**

V. Conclusions, Limitations and Discussion 56

Conclusions 56

Limitations 58

Discussion 59

Setting the Stage 59

Influence of Labour and Delivery 61

Transition to Motherhood - The Early Days at Home 63

Beliefs and Attitudes 67

Concerns about Self 68

Concerns about Baby 69

Image of Baby 71

Coping Skills 72

Changes for Mother 72

Confinement 72

Conflicting Advice 73

Self-confidence 73

Implications 76

Practice 76

Further Research 77

Education 78

Summary 79

Chapter **Page**

References 80

Appendices:

A. Information Letter (Primary Informant) 86

B. Information Letter (Secondary Informant) 88

C. Informed Consent Form (Primary Informant) 90

D. Informed Consent Form (Secondary Informant) 92

E. Biographical Information Form 94

F. Sample Interview Guide 96

G. Storyline 97

CHAPTER I

INTRODUCTION

Early postpartum discharge is not a new concept, various social and economic factors have contributed to the early discharge of postpartum women over the past thirty years. Presently, early postpartum discharge programs have been one strategy that has been used for reduction of health care costs. Previously early discharge was generally offered as a choice for primiparous and multiparous women, mainly through specialized early discharge programs. Today, due to escalating health care costs in Alberta, the new mother no longer has the choice of a longer hospital stay. Women who have had an uncomplicated delivery and who have a healthy infant are being discharged at 48 hours or less and in some cases less than 24 hours post-delivery.

The adjustments that must be made physically, socially, and emotionally make the postpartum period a critical time for new mothers (Affonso, 1987). Results of studies on new mothers indicated that there were common concerns and adjustments that must be made by the women during the postpartum period (Hall, 1980; Bennett, 1981, Bull, 1981; & Campbell, 1985). A survey of the literature suggests that primiparas have a greater number, as well as different concerns than do multiparas (Gruis, 1977; Sumner & Fritsch, 1977).

New parents have many questions about issues such as the care of their new baby and what to expect for themselves in their new roles. The concerns most often

identified are in relation to breastfeeding, infant behaviours, and maternal physical and emotional changes (Gruis, 1977; Harrison & Hicks, 1983; Campbell, 1986; Affonso, 1987; Field & Renfrew Houston, 1991). In addition, other concerns expressed by new parents are feelings about the labor and delivery experience (Affonso, 1987); feelings about coping in a new role (Rickett, 1987); postpartum blues and postpartum depression (Gruis, 1977; Rickitt, 1987; Martell, 1990). Therefore, an understanding of the early discharge experience from the new mother's perspective would provide information that would be useful in planning appropriate interventions and in providing educational programs and support groups for new parents.

Purpose of the Study

As there is a lack of information in the postpartum literature relating to primiparas' perceptions of compulsory early discharge, the purpose in this study was to explore and describe the experience of early discharge from the first-time mother's perspective. An understanding of the experience of early discharge for primiparas will be useful to nurses, midwives, and physicians, in assisting new mothers to adapt to the postpartum period. Nurses and midwives are in a position to provide the necessary education and support to new mothers experiencing early postpartum discharge. The additional knowledge from the new mother's perspective can potentially assist in the development of programs by health care professionals to meet the needs of women who are discharged 48 hours or less following delivery.

As little is known about the experiences of primiparas and compulsory early discharge from an emic perspective, it is anticipated that this study will also provide credence to the existing literature available on early postpartum discharge. The use of exploratory research can also generate additional questions that will serve as the foundation for further research.

Research Question

The question for this study was: What are primiparas' perceptions of their experiences following compulsory hospital discharge at 48 hours or less?

Two sub-questions that stem from the original research question that were also considered in this study are:

a) What concerns do mothers experience following compulsory early discharge?

b) What are the sources of help and support that first-time mothers identify as most useful in assisting them to cope with compulsory early discharge?

As little is known about compulsory early discharge from the new mother's perspective, an exploratory-descriptive qualitative research method was selected for this investigation.

Early Discharge - A Definition

Over time several interpretations of early discharge have been used. Anything from 12 to 72 hours after birth has been categorized as early discharge (Hellman,

Kohl, & Palmer, 1962; Lemmer, 1987; Norr & Nacion, 1987). For the purpose of this study, early discharge has been defined as discharge from the hospital within 48 hours or less post-delivery.

Thesis Format

This thesis is composed of five chapters. In Chapter I the purpose of the study, the research question, and a definition of early discharge are outlined. A review of the literature relevant to this study is reviewed in Chapter II. The review includes a synopsis of the early discharge literature, both quantitative and qualitative. Chapter III includes a description of the research method, sampling methods and the sample characteristics for this study. The process of data collection, data analysis, methodological rigor and ethical concerns of this research are also presented. The findings of this study are described in Chapter IV. Chapter V includes a discussion of the study findings in relation to the relevant literature. In addition the implications of the study findings for community health nurses and midwives in their practice are included. The chapter concludes with recommendations for additional nursing research and the implications for education of health care professionals working with women experiencing early postpartum discharge.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature was undertaken to explore previous research and publications on early postpartum discharge. In addition to an initial review, any relevant literature has been reviewed throughout the research process. The literature search for this study encompassed the data bases of Cinahl, Eric, Medline and Psychlit. The content, underlying assumptions, biases, and context of the relevant literature were analyzed. This approach enables the researcher to approach the current study with an open mind yet does not limit the individual's ability to be objective in the particular situation (Field & Morse, 1985).

Early Discharge Programs

Since 1962, numerous quantitative investigations have been undertaken to determine the safety and efficacy of early discharge programs (Hellman et al, 1962; Avery, Fournier, Jones & Sipovic, 1982; McIntosh & Ure, 1984; Patterson, 1987; Norr & Nacion, 1989; Harrison, 1990; Carty & Bradley, 1991). Investigators in these research studies found that a shortened hospital stay was safe for mothers and infants and that early discharge was economically feasible. A few concerns were identified with either the mother and/or the baby in these studies, however these were no different than those described in traditional discharge programs (Yanover et al., 1976; James et al., 1987; Norr & Nacion, 1987).

Early discharge programs have also been described in the literature, and the

authors believe they are safe for the mother and baby (Hellman et al., 1962; McIntosh & Ure, 1984; Patterson, 1987; Norr, Nacion & Abramson, 1989; Harrison, 1990). In an evaluation of postpartum safety and satisfaction following early discharge in Ontario, Dalby, Williams, Hodnett & Rush (1996) found that patient satisfaction was high, with 80% of respondents identifying that they would choose the same type of care during a subsequent pregnancy. The eligible women in this study selected either the early discharge group or to remain in hospital for a longer period of time. The average length of stay of the early discharge group in this study was significantly shorter, 2.7 days compared with the concurrent group 3.5 days and the preprogram group 4.2 days. There were no significant differences across the groups in relation to readmission rates to hospital of the mothers or their babies. Approximately 50% of the mothers had some postpartum contact with their physician, however, the proportions were not significantly different across the study groups (Dalby, et al., 1996).

Virtually all reported outcomes of early discharge have been for programs with prenatal preparation and postpartum follow-up with relatively advantaged middle-class populations (Norr & Nacion, 1987). Two exceptions were found in the literature, one a study undertaken by Hellman et al. (1962) of an urban, low-income population and a second study undertaken by Scupholme (1981) of an inner city, mixed income population. The women who participated in Hellman et al.'s study were discharged under 72 hours post-delivery and received three home visits postnatally from a specially trained nurse or nurse-midwife. Hellman found that

discharge at 72 hours did not have negative physical outcomes for the study participants with the home follow-up provided by nurses.

In Scupholme's (1981) study, women who participated in the early discharge project were discharged at 12 hours postpartum with home visits each day for two to three days by a nurse-midwife. Women in this study were solicited from a small geographical area in an inner city and were of various ethnic backgrounds and of all socio-economic levels. Information was obtained from these participants via a questionnaire. It was found that the early discharge program was cost effective and well accepted by the families who participated. The lower income women in this early discharge pilot project selected early discharge either because they wanted to be with their families or for financial reasons. Scupholme found that the early discharge program was safe for the mothers and their infants.

Norr et al.(1989) found that maternal and neonatal complications were high in a study of single black and hispanic mothers within the first two weeks post-delivery. The women experienced problems such as flu, constipation, engorgement, inadequate perineal healing, excessive lochia, and raised blood pressure. The babies had problems with below birth weight, infection of the eyes, thrush, and diarrhea (Norr et al., 1989). Lemmer's (1987) study compared outcomes of primiparas and their babies after early discharge in less that twenty-four hours with those experiencing a longer hospital stay with no significant difference found in concerns and outcomes.

Qualitative Research

Very few studies using qualitative methods have been found in the literature. Using a grounded theory approach, Hall & Carty (1993) found that women selecting involvement in an early discharge program considered their specific beliefs about family and home, aspects of their own personalities and the availability of support at home as their rationale for participating in early discharge. The basic social process of "taking control" was identified and descriptions of how the women gained control for themselves were discussed. Information in this study was obtained from eight women through informal interviews and provided a description of women who actively selected early discharge. In this study the mothers received four follow-up home visits from a nurse on postpartum days 1,3,5, and 10.

Other literature examined reported on women who had chosen early discharge over the more traditional length of stay. In several of the studies the new mothers chose to be involved in an early discharge program (Lemmer, 1987; Hall & Carty, 1993). One study reported on a randomized controlled evaluation of early discharge (Carty & Bradley, 1990). Women who opted for early discharge in these studies were provided with additional support and education from nurses, both pre-natally and post-natally.

Voluntary versus Compulsory

The option of voluntary compared to involuntary early discharge has been identified as having an effect on women's perception of their experiences (Waldenstrom, 1989). In this study semi-structured interviews were used to

describe women's experiences of early postpartum discharge and breast feeding rate at two months after birth, with an emphasis on voluntary and involuntary early discharge. Most of the questions utilized in the telephone interview were answered with set alternatives. Leaving the hospital within the first three days post-delivery was considered as early discharge. In this Swedish study, women who had selected early discharge voluntarily were found to be very satisfied with the experience. Waldenstrom also found that women discharged involuntarily were more critical than women who chose to leave voluntarily. In general, women in the voluntary group were more satisfied with early discharge and expressed fewer disadvantages, such as fatigue, than the involuntary early discharge group.

Several factors have been identified in the literature as motivating the choice of early discharge by mothers. In a U.S. study of primiparas, factors such as comfort, financial concerns, and the recognition that a healthy mother and infant were as safe at home as in the hospital were identified by the mothers (Lemmer, 1987). In contrast, Lemmer found that women who chose to stay longer identified concern for the mother's health and recovery, the need for rest, and recognition of the need to become acquainted with and learn about their first baby as affecting their choice. Lemmer found that the woman's choice of length of stay was dependent on whether the home or the hospital was perceived as the better environment to meet the comfort, recovery, and learning needs of the new mother. In a study of an early discharge program in British Columbia, Carty & Bradley (1991), found that women discharged within 12 to 24 hours who received 5 follow-up home visits by the

maternity nurses in the first 10 days were more satisfied with nursing care. In addition, the findings from a predictive study conducted in Alberta, indicated some subjects believed that early discharge should not be an option for first-time mothers (Campbell, 1992). The need for support and teaching, resumption of home responsibilities, risk of complications, and lack of time to recover from the labour were given as reasons for non-support of early discharge. In contrast, women who would have liked early discharge identified they would be more comfortable in their own homes. Establishing an early relationship with the infant for the father and siblings was also seen as a benefit of early discharge (Campbell, 1992).

Postpartum Concerns

New mothers often feel inadequate to care for their babies because of their lack of knowledge on infant care (Flagler, 1988). It has been identified that there are changes in information needs of new mothers from 24 to 48 hours and at three to four weeks after birth (Salmeron, 1988). Salmeron identified the main changes were in relation to infant feeding skills, in particular breastfeeding skills and care of the breasts. Infant feeding has been well documented in the literature as a concern for new mothers (Gruis, 1977; Harrison & Hicks, 1983; Field & Renfrew Houston, 1991). Conflicting advice about infant feeding, particularly in relation to breastfeeding has been identified as a source of frustration for new mothers and can result in the discontinuation of breastfeeding (Ellis & Hewat, 1983; Solberg, 1984).

Concerns about the baby have also been identified as a source of anxiety for new mothers (Gruis, 1977; Field & Renfrew Houston, 1991). Most commonly

concerns related to infant behaviours, sleep patterns, crying and physical care were most often cited. New mothers have also identified maternal body changes, their physical needs, and fatigue (Campbell, 1986; Rickitt, 1987; Field & Renfrew Houston, 1991; Haynes, 1995) as other sources of concern in the postpartum period.

In a predictive study on early postpartum discharge, Campbell (1992) found that new mother's who did not support early discharge had concerns centered on the possibility of complications occurring at home. These women believed that only in the hospital could they receive adequate care.

Martell, Imle, Horwitz & Wheeler (1989) used a one-way Q sort to obtain primiparas and multiparas descriptive ranking of their priorities according to content areas from an established post-natal teaching protocol. These women were discharged between six and eight hours postpartum and the time of ranking was between 35 and 144 hours after birth. A high degree of concern by both primiparas and multiparas about health threats, infant care, and feeding were found.

Summary

Although early postpartum discharge is not a new concept, nursing research on discharge has been done primarily via retrospective studies to establish its safety for mother and baby and to establish its usefulness in health care cost reduction. Much of this research has been conducted through the use of quantitative methods. Findings of the investigations found in the literature suggest that women either had a choice of voluntary early postpartum discharge or were participating in a specific

early discharge program and/or had extended home care follow-up after discharge by nurses involved in early discharge programs. Documented descriptions of new mother's stories of their experience of compulsory early postpartum discharge is lacking in the existing literature. With the exception of Hall & Carty's (1993) study little information on the experience of compulsory early discharge is available solely from the new mother's perspective. There is a need for further information with respect to women's satisfaction, other potential benefits and/or disadvantages of early postpartum discharge (Norr & Nacion, 1987; Hall & Carty, 1993). Further study will also assist community health nurses and midwives to identify those women who will have adjustment problems with early discharge and factors for antepartum planning to ease the transition to motherhood through the use of preventative measures.

CHAPTER III

METHOD

As the experience of early postpartum discharge has not been explored from the perspective of first time mothers who are experiencing **compulsory** early discharge, a qualitative, exploratory - descriptive methodology was selected for this study. Qualitative methods are most useful when trying to ascertain a view of a phenomenon from the perspective of the person experiencing it, that is, an emic perspective (Field & Morse, 1985). To date no studies have been identified in which there is an exploration and description of the experience of compulsory early discharge, at 48 hours or less from the new mother's perspective.

The Sample

The sample for this study was voluntary and purposive. A volunteer sample is utilized when the potential informants are unknown to the researcher. Sampling in qualitative research is measured by appropriateness and adequacy (Morse, 1991). Appropriateness refers to "the degree to which the choice of informants and the method of selection fits the purpose of the study as determined by the research questions" (Morse, 1991, p. 134) whereas adequacy refers to the sufficiency and quality of the data (Morse, 1991). Therefore data was collected from the participants until there was no new information obtained.

Twelve primary participants were interviewed for this study. Participation in

the study was strictly voluntary. The mothers were given an information letter outlining the purpose of the study and the parameters for participation. Interested mothers then completed the permission to call section of the information letter and either sent it to the local health unit or returned it via the visiting community health nurse. The women were then contacted by telephone and an initial interview appointment was obtained.

Each of the primary participants was interviewed twice, initially somewhere between 7 to 10 days post-delivery and again at 6 to 8 weeks post-delivery, for a total of 24 interviews. These time frames were used to capture the womens' perceptions of the very early days at home. Seven to ten days was selected in order to provide the new mothers some time to recover physically from the demands of labour and delivery. In addition, the second interviews were conducted after the new parents had time to establish new routines with the baby. A second interview was conducted with the mothers to confirm and if necessary, clarify the information obtained on the audiotapes. In addition the women were asked to share any other information that they felt would describe their reflection on their experience with compulsory early discharge. One of the primary participants was interviewed a third time to validate the emerging themes. A single secondary informant was interviewed once. The secondary informant reviewed the themes and added her own comments. Following the first interviews, common themes were identified in the data.

Sample Characteristics

The characteristics of the new mothers were varied although several similarities were also evident. All of the participants were able to speak and understand English. The participants ranged in age from 23 to 37 years of age with a mean of 28.5 years. The women were all married and living with their husband. All of the women were fluent in English and had completed a minimum of a high school diploma education. The number of visits the women received from the community health nurse varied from one to three visits in the first six to eight weeks post-delivery. If there was only one visit, it usually occurred within 24 to 48 hours after the mother was discharged with her baby. The length of labor was self-identified by the mothers. Lengths of labour ranged from 3.5 hours to 48 hours, with a mean length of 16.75 hours. All of the women were discharged from hospital 48 hours or less post-delivery with their baby.

Data Collection

Women for this study were recruited through a public health unit located in a city with a population of approximately 46,000 people. Community health nurses provided an information letter (Appendix A) to all first time mothers who met the inclusion criteria. If the women wished to explore the possibility of participation in the study, they signed a permission to call form. Each woman was then contacted by telephone. At this time the information letter was reviewed with the women and any questions answered. During this initial contact a suitable time for the participant and the researcher to meet was set. All of the interviews took place in the women's

homes.

At the first meeting the information letter was reviewed with each of the participants. Any further questions were answered at this time. The informed consent form (Appendix C) was then reviewed with the participant. Once the researcher was satisfied that the participant understood her rights and the researcher's obligation regarding the study, two copies of the consent form were signed. One copy of the consent form was given to the participant along with an information letter. Each participant then completed a biographical information sheet (Appendix E) prior to the interview. A few minutes were also taken during this time to establish rapport with each of the women prior to the audiotaped portion of the interview. All initial interviews took approximately forty-five to seventy-five minutes. The interviews varied in length depending upon the amount of information sharing and the fatigue levels of the participants.

Data were collected using semistructured interviews that were guided by the use of exploratory and focused questions (Appendix F). The responses of the women also guided the direction of the interview into areas that were not previously anticipated. The interviews began with a broad general question, "Tell me what it was like for you to be at home within 48 hours after you had your baby." The interview questions became more focused as concepts and categories emerged from the womens' stories and focused around particular areas of interest of each participant. All of the interviews were audiotaped and a pseudonym assigned to each participant. Names of people and places were erased from the transcriptions

and substituted with a generic identifier such as 'mother' or 'husband'. Pseudonyms selected for the women were: Adria, Megan, Arlene, Emma, Sarah, Margaret, Connie, Mary, Karen, Jenna, April and Robyn. The secondary participant was given the pseudonym Naomi.

A second interview with each woman took place 6 to 8 weeks post-delivery. This interview usually lasted anywhere from 30 to 60 minutes. Themes identified in the initial interviews were clarified and discussed. The women reflected on the previous weeks in relation to their early discharge experience and to the changes and adjustments they had experienced with their babies. One of the initial participants acted as a secondary informant. The secondary informant validated the storyline (Appendix G) developed from the initial sets of interviews. One woman acted solely as a secondary informant. She was recruited in a similar fashion to the primary participants and was given a secondary informant information sheet (Appendix B).

Field notes were also made following each interview. The notes contained information about any observations of the informants' nonverbal behavior, the environment of the interview setting, and any other relevant factors. The researcher also kept notes regarding any personal thoughts or impressions about each of the interviews. These notes were also used to keep a record of any personal biases or assumptions.

Data Analysis

The data analysis was conducted using ethnographic methods concurrently

with sampling and data collection. During the initial interviews broad open-ended questions were used which facilitated the exploration of new information. As a subsequent interview was completed, pattern coding was utilized throughout the study to pull the material together into more encompassing themes. A constant comparison between the data collected in each interview was undertaken until no new categories or relationships were found in the data. The initial step in the analysis included the researcher becoming familiar with the data by reading the transcribed interviews, replaying the audiotapes, and reviewing the biographical information, field notes and personal notes kept. Each of the transcribed interviews was colour coded. In addition, the initial and second interviews were differentiated using a colored bar on the side of each transcribed interview. Following the line by line analysis, each identified theme or category was placed in a file folder with the category name. The various themes and categories were then 'cut and pasted' onto sheets in the appropriate folders. Data analysis continued until no new categories or relationships were found in the data.

Data was analyzed using a three-part coding process, first level coding, pattern coding, and memoing (Miles & Huberman, 1994). Data was initially analyzed using a line by line analysis to identify common characteristics within each interview. The line by line analysis was followed by coding emerging categories and isolated experiences. Coding was done by hand. As each interview was analyzed the data was compared with previous interviews. Codes were revised and new ones created as the data collection and analysis progressed.

First level coding was primarily descriptive. When the women were asked, "tell

me about your experience of early discharge", they all talked about what they had done prior to the birth of their baby. Initially these quotes were placed in a category marked 'education'. As each subsequent interview was analyzed and additional information was available, the category name was changed to 'preparedness'.

The second step, pattern coding was a movement beyond description to inference and potential explanation of identified patterns and relationships. Pattern codes pull the material together into more encompassing themes or constructs (Miles & Huberman, 1994). One of the participants described her preparing for the birth of her baby as "setting the stage" for what was to come. This phrase seemed to capture the essence of what all of the women described as to what they did before the baby was born. The codes in this study arose from the words used by the participants.

Memos were also kept to provide insight into the evolving themes and their relationships. Memoing is a technique that captures the researcher's thoughts and ideas that occur throughout the process of analysis (Miles & Huberman, 1994). Memos were used to assist in the generation of new themes and categories.

Methodological Rigor

Several measures were used in order to increase methodological rigor within the study. There are four criteria to assess rigor in qualitative research which were identified initially by Guba and Lincoln (1981) and adapted by Sandelowski (1986). The four criteria are credibility, fittingness, auditability and confirmability. A qualitative study is viewed as credible when it presents descriptions of human experiences that informants

recognize as their own (Sandelowski, 1986). Women who fit the sample criteria and had the experience of early discharge were selected for participation in the study. In addition, the women were available for two sets of interviews, one at seven to ten days post-delivery and a second interview at six to seven weeks post-delivery. The selected time frame allowed the women to be more settled in their roles as new mothers and yet was soon enough after the early hospital discharge that their thoughts about the experience were easily recalled. The second interview provided the opportunity to verify earlier observations and information. These interviews were used to confirm and/or clarify previous findings and to add further detail to the descriptions provided by the women.

A personal journal was kept by the researcher throughout the study in order to provide information on the researcher's assumptions, bias, and decisions regarding the emerging themes. The use of a personal journal provided the researcher with a vehicle for reflection and recognition of her own biases and values that could potentially influence the results of they study. In addition, field notes and memos were kept to document decisions and the development of the linkages between the categories and themes identified. The use of a personal journal and field notes in addition to the audio-taped interviews contributes to the credibility of the information (Germain, 1986). The use of these methods added to the study's confirmability. All interviews were conducted by the researcher. Transcription of the tapes was completed by a professional transcriber. In order to assure familiarity with the information on the tapes, the researcher replayed the audiotapes following each interview. In addition, the transcribed

interviews were reviewed while listening to the audiotapes. Audiotapes were reviewed as necessary throughout the analysis. Findings from the primary participants were shared and verified with secondary participants using a storyline to add to the validity of the initial findings. Validation of the findings with a secondary informant also promoted credibility.

The findings of this study are applicable only to the sample of this study and to similar sample populations. The sample selection in this study was guided by specific informant characteristics, such as being a first-time mother who has been discharged at 48 hours or less post-delivery with a healthy infant.

Ethics

The proposal for this research study was reviewed and granted ethical clearance from the Joint Faculty of Nursing and the University of Alberta Hospitals Ethics Review Committee. The proposal was also reviewed by the Chief Medical Officer at the Health Unit where the study was conducted and a letter of support was obtained. Participants in the study were recruited on a volunteer basis. An information letter was distributed by the community health nurses and if the woman was interested in participating a permission to call sheet was signed. The community health nurses did not answer any questions about the study and introduced that information letter by only identifying that a Master of Nursing student was conducting a study on first time mothers and early discharge. This ensured that there was not coercion for the women to participate. Following initial contact by telephone, the researcher provided a complete verbal explanation of the study. If the woman verbally consented to meet, a mutual time and

place were set. During the initial meeting the researcher provided further information about the study. Any further questions the participant had were also answered at this time. If the participant agreed to join the study, two informed consent forms (Appendix C) were signed. One copy was given to the participant along with a copy of the information letter. Another copy of the consent was retained by the researcher for her records. All written materials were evaluated for readability and were at a Grade 8 reading level. Prior to the interviews the women were informed that they could refuse to answer any question(s) if they felt uncomfortable.

Measures were in place to assure the confidentiality of the women who volunteered for the study. Pseudonyms were used for each participants' audiotaped interview and will be used for any subsequent publication of the study findings. The signed informed consent forms were stored separately from all other data. All other forms of data were coded to ensure confidentiality and were stored in a locked filing cabinet when not in use. All information connecting code numbers with informant names will be accessible only to the researcher and her thesis supervisor. These measures provided the women with anonymity within the finished research. The audiotapes of the interviews will be destroyed after seven years.

Although the information obtained in this study had no tangible benefits to the study participants, several of the participants identified that sharing their experiences would benefit other first-time mothers, particularly those who do not possess the same support systems. There were no identified negative effects to the mothers that were a result of the interviews.

CHAPTER IV

FINDINGS

In this research the experience of compulsory early discharge for new mothers was explored. In this chapter a description of the experiences of twelve first-time mothers who were discharged from hospital forty-eight hours or less post-delivery will be presented. Pseudonyms are used throughout to protect the confidentiality of the participants. All examples provided from the women's stories are taken verbatim from the transcribed interviews.

Several factors were identified that influenced the experience of early discharge for these new mothers. Each mother had unique labour and delivery experiences, various sources of support over different lengths of time, and varying degrees of coping strategies. For the mothers in this study, their experience was affected by their readiness to go home, their perception of their physical well-being, and their level of preparedness for the challenges of new parenthood.

Setting the Stage

Two antecedent conditions arose from the data that influenced whether the mothers viewed their early discharge as a positive or negative experience. Preparing for their baby was identified by all of the mothers as important. This preparation took several different forms - physical preparation, prenatal education through classes, self-education, and talking with family and friends with previous experiences with babies. All of the mothers talked about at least one of these preparatory

activities.

Adria summed up the need for a sense of preparedness for her role as a new mother in this way:

> I think it's all how you prepare yourself. ...we went to our prenatal classes and we had a variety of classes and I think your whole experience and coming home early and the problems that you are going to have, I think it's all how you set yourself up.

Several mothers also identified the importance of the education received post-delivery in the hospital. Emma described it this way:

> I haven't been around babies. I basically needed to learn everything, how to hold him, how to breastfeed or do anything with him really, so I would have felt very insecure being sent home right after birth so even that one day, even though it's not much, it helped a lot seeing somebody else handle him.

Post-delivery education took on different forms such as actual baby care demonstrations by the nurses, videotapes of various aspects of the baby's care, and verbal instruction with the use of printed materials by the nurses on the post-partum unit. The majority of the women felt that they had received adequate education for the care of their b..y while still in the hospital.

In contrast, Connie's negative view of early discharge was partially influenced by her sense of a lack of preparedness when leaving the hospital. She described it this way:

> ...they said "there's a baby lesson at eleven", and I go "well, can I stay for that" and they go "oh sure" and they never had this lesson so a nurse came in real quick and said "I'll give you a quick one" and she kind of whoosed through this and skipped some things and it was like clean the cord like this. It just felt like we were kind of rushed.

For Connie, her entire hospital stay was not perceived as a positive one, yet she was the only mother who would have liked to stay longer in the hospital if given a choice.

Influence of Labour and Delivery Experience

Each of the mothers recounted their labour and delivery experience. Talking about their experience was something each mother was eager to share. Their perceptions ranged from a sense of a relatively easy labour to a hard and difficult one. April felt her labour and delivery was easy:

> I didn't have a difficult labour or anything like that where I was really sore or couldn't get up and move around. ...I felt really good. It was pretty smooth going you know. The contractions and that were the most difficult part. The delivery I thought it was pretty painless.

In contrast, Emma described her labour as "long and exhausting" and "there was no end in sight". Similarly, Mary was surprised by the pain she felt:

> I thought I'd be able to handle it better and when I couldn't breathe properly and then what I wanted to do was I wanted to squeeze. ...It really got painful. I was really surprised and yet I know in time frame wise that's not a bad labour considering we were induced ...but fourteen hours isn't that bad.

Although Emma and Mary felt their labour and deliveries were difficult and painful, these perceptions did not equate with a desire to remain longer in the hospital.

In sharing their experiences it was also apparent that several of the women felt a sense of support during labour and delivery. This perception of support and guidance made the labour and delivery more bearable. Robyn explained that the support she received was invaluable in assisting her through her labour:

> But the nurses were good. I was glad to have, had a nurse on either side and you know, they were telling me what to do. I was breathing really

> short and fast after my contractions and they were, slow it down. Take it easy. They were, coaching me all the way through it and I was really relieved to have somebody there to do that.

Sarah also felt a sense of support from the nurses during her labour:

> The nurse that was with me was really great. She stayed almost the entire time, gave me a lot of good ideas about how to relieve pain ....it was so intense...it was hard to absorb what was happening, it all happened so fast and any ways she was really good.

Although their labour and delivery experience may have been perceived as "more difficult" those mothers who felt support from the nurses in the hospital felt ready to or wanted to be discharged. A perception of being "supported" led these women to speak positively about their entire hospital experience.

How the mother feels physically following her labour and delivery can also impact on her level of comfort with early discharge. Adria remarked on what would have made a difference for her:

> I think it would be on your experience solely. I mean it depends on how sore you are and how willing you are to get out of bed and how the baby's doing. If there was a problem with the baby, if you had been really stressed out in labour, I would have felt more comfortable probably staying at the hospital because then the nurses know if there's a problem more so than I would...

Connie, the mother who believed she was not prepared for her discharge, described her labour and delivery experience very differently from the other mothers:

> ...this nurse was not happy that I was down there because if there were signs there was something wrong, I should have been monitored and kept upstairs in the case room which I wasn't. The whole thing was just kind of "rush her there, rush her down there, and then rush her out." It's just not right...each phase of it was rushed.

Connie's, labour and delivery experience was not a positive one. She did not feel supported by the hospital staff and this in turn appeared to affect her continued perception of her early discharge experience.

Time to Go Home

Readiness to go home following the birth of their baby took on different forms for the new mothers. Several mothers equated their readiness to go home with the length of their labour. Karen described how the length of her labour would have made a difference for her:

> I don't think if you're in labour for, you know, a good eight or ten hours, I don't know how quick you'd want to jump out of bed and run home. Maybe, I'm sure that has something to do with it and it was an easy labour.

Others talked about how they felt physically following the birth of the baby. Jenna who also described herself as ready and wanting to go home commented "And I didn't have a difficult labour or anything like that where I was really sore or couldn't get up and move around. ...I felt really good."

The women also identified the importance of being in their own homes and the comfort level associated with being in their own environment. Although Robyn felt ready to come home to her own things she also shared some ambivalent feelings.

> ...in some senses I was ready to come home. Like I wanted my own things and to sleep in my own bed and stuff like that. In the other sense you were kind of scared because you didn't have the nurses and the people that you could call in the middle of the night if something happened.

Mary was eager to go home as soon as possible but was delayed for several hours because of her husband being at work. She describes how she felt when she finally arrived home:

> There was a great sense of relief just to be home. We just put things down and kind of took her to the table and just went ooh, aah, and you know, spent the two days doing that...

Connie was discharged around thirty-five hours post-delivery and described herself as "very sore and very, ...scared." she also perceived her labour as "difficult" and described her entire hospital experience as "rushed". Throughout her interview Connie stated she did not feel ready or prepared adequately for her discharge from the hospital.

For many women in the study, readiness to leave the hospital was also characterized by wanting increased control over what was happening to them, their baby and/or their partner. Several of the mothers talked about a sense of control or lack of control. Karen described her feelings in the following way:

> ...I just want to get home and do things my own way, you know and just being in the hospital, I mean I was comfortable, there was no reason for me to be really in there much longer. I'd rather just be at home so I think partially it was, you know, just having other people running my schedule.

Sarah and Robyn shared similar needs for control and talked about a lack of control in the hospital. Being able to control their daily activities were identified as important to them. As Sarah stated "So for me, to be able to eat what I wanted to, when I wanted to was important". Robyn described a similar experience:

> It was, I don't know, just being in your own home and eating breakfast whenever you got around to it type of thing rather than having it put in front of you at eight o'clock and you're still asleep...

For these new mothers, "taking control" was seen as important. The freedom to make their own decisions about their baby and their daily routine was viewed as valuable to their adjustment to motherhood.

The Reality - Transition to Motherhood

The Early Days at Home

The Significance of Support. During the first few days at home, the women identified several factors that made their early transition to motherhood a positive one. These facilitative factors included: a sense of support, a positive perception of their baby, and effective coping skills.

Support was identified as crucial in assisting the new mothers to a positive experience in the early post-partum period. Functional support includes the subscales of affective support, affirmation support and instrumental support (Norbeck, 1984). In this study all three types of support were identified from the women's stories.

Affective support is the expression of positive affect from one person to the other (Norbeck, 1984). Women in this study found that just having someone listen to them vent their feelings was invaluable. They described someone "being there" and listening to them "rant and rave" provided a sense of support.

Instrumental support, according to Norbeck (1984) takes on the form of giving actual assistance or aid in a physical sense. Instrumental support assists someone to do what they need to do. For example, several women described how friends or their mother offered to stay with their baby in order that they could

get some time to themselves or get other household work accomplished.

Affirmative support is the affirmation or endorsement of another person's behaviors and perceptions (Norbeck, 1984). This form of support affirms that what a person is doing or feeling is legitimate. The women shared the importance of someone affirming that they were "doing a good job". Emma described how good she felt about her breastfeeding when the community health nurse told her the "baby's gaining weight well". The women in this study described receiving affective support - "being listened to", followed by examples of affirmative and/or instrumental support.

Affective support was identified as extremely important to assist the mothers toward a positive experience. Robyn shared the importance of affective support from her sister and friends:

> ...having them phone me and telling them how it's going and stuff made me feel better. Sometimes I would go on about how I was feeling, sort of a rant and rave about my life with a new baby. They would just listen to me talk...

As April described, the affective support from her mother was essential to her positive view of the early days at home.

> I felt confident because my mom was here for awhile. She was great about listening to me, especially when I was feeling unsure and a little frightened. I couldn't have done without her...

Instrumental support was also identified as important to a smooth transition to motherhood. This support was provided by the women's partners, other family members, or close friends. Assistance in the home from their husbands was identified as crucial during the first weeks at home. Emma's description of this sums

up its importance during the initial days at home:

> I think my case is sort of an ideal one in which this policy does work because I was in fairly good shape after one day and I came home to be cared for by my husband who took over the whole household, which is good.

Karen's experience was similar and reinforces the importance of instrumental support from her partner.

> You're waited on hand and foot and I don't know, I think I would feel a lot differently if I came home to an empty house or, if [HUSBAND] had to work for the next five days...

Arlene also felt the support provided by her husband was essential to a positive start. For Arlene the instrumental support provided by her husband went beyond the household chores and meals. She states "He was very helpful. For the first week I didn't touch a diaper. I didn't change her or anything. He did everything." Arlene's husband took an active role in caring for their baby from the start. She felt that this enabled her to get a few moments of much needed rest and some quiet time for herself.

Robyn felt support was there from her husband in part because she did not have to ask for assistance. "He's pretty good with meals and then he'll take her and lay with her...He's good with laundry. He'll do laundry without having to be told."

Others had the support of their mothers or mothers-in-law. The length of time that these women received instrumental support from these sources varied from a few days to a few weeks. This instrumental support from others was viewed as especially necessary when the woman's husband was unavailable to provide assistance. April was an example:

> She was very helpful and then during the day, either she'd be with the baby and I'd be able to, do something I wanted to do or I'd be with him. She got meals ready for us, helped me keep things cleaned up and made a big difference in how I felt about my home, that everything wasn't going to pot and as I tried to adjust to motherhood so that was wonderful... I don't thing that the experience or the transition would have been as positive if she'd not been here just because [MY HUSBAND] would have been at work and I'd be, you know, it would be up to me...

Affirmative support were provided by a variety of sources for the women in the study. Megan provides an example of affirmative support from other family members.

> ...my sister was my greatest support in that she actually wasn't here doing stuff but it was good to talk to her..., my sister also recommended things that I could do...so it was good just to have somebody who could say, "Well, try this and this".

Sarah also described the support received from close friends as valuable.

> ...some friends of ours had a baby in the summer and so they were really, they're good resource people, I phone them a lot and they did come early on after we were home...

Connie, who did not feel comfortable going home within forty-eight hours, felt that the information she needed to feel confident was either lacking or conflicting She sought information about the physical changes she was experiencing but did not feel she received a satisfactory answer to her concerns:

> ...within the next couple of days I had a lemon-sized clot and I'm phoning getting more concerned and I'm getting different answers from the post-partum nurses from [NAME OF HOSPITAL], you know all these different answers because I'm phoning everyone and I wish they would have given me one answer. Like the post-partum I think should be completely informed and tell me exactly what to do.

Although she received some instrumental support from her husband's mother, her overall experience was not a positive one. Connie's descriptions indicate that she did not experience the same sense of support from her family as that identified by the other women. Her perceived lack of support during the first days at home added to Connie's negative perceptions of early discharge.

In addition, she perceived a visit from her mother to be stressful. Connie explained:

> ...my mother came in, the next week she came in from [COUNTRY] for about four days, and that was not good. She tends to take charge and give out some advice so that was more stressful than helpful but that is another story.

Connie also felt a lack of affirmative support from her husband at times. She expressed anger and frustration toward him:

> Nobody was concerned with me any more. It was all, he was the little star and I don't know, I was more angry with my husband, I think, too because he didn't understand. ...he would just sit there and say, women go through this every minute. ...He's go that mentality though like, "toughen up and it's not so bad", about a week after I go home from the hospital, I had had enough.

Affirmative support provided by the health nurse was also viewed as essential by the mothers. Each participant valued the visits and the phone calls from the community health nurses. The visits in the first two days upon returning home were especially appreciated. This support contributed to the new mothers' level of comfort with early discharge. For Robyn, having the nurse visit in the early days was important to help her with what she identified as the "unexpected" things that would come up.

> I didn't have to call about her because they were very good. She spent about two and a half hours here and that was good and we went through all sorts of stuff and then they phoned again on the weekend...

Emma described how the visit provided her with the additional support she needed for breastfeeding.

> ...the follow up with the health nurse is really important. She came out the next day and that was all the additional information I needed to get the breastfeeding really going.

The women described a sense of reassurance knowing that they could call the health nurses with any questions. Each of the women in the study did call the health unit at least once to speak to a nurse. In most cases the focus of the questions was the baby. However several women also contacted the health nurse with questions about themselves, these questions dealt mainly with breastfeeding or their physical recovery.

Beliefs and Attitudes. The mothers' also described why they were happy and willing to go home within forty-eight hours of delivery. The first aspect, the beliefs of the mothers played a major role in whether their experiences were viewed positively, with ambivalence, or as negative.

Several women stated that they would not have wanted to stay longer even if they were given the option. Others such as Robyn and April were ambivalent, but found comfort in the fact that they could call the community health nurses or the labour and delivery unit. These women identified that they were "nervous, but excited at the same time." Robyn's statement reflects the feelings of the women who

felt ambivalent: "You've got to fly on your own sooner or later I guess, but it was just a little scary coming home."

Connie would not have chosen early discharge given a choice. She summed up her feelings by saying:

> I think if your whole life is changing with a new little person and you're as interested to get to know all this information as much as you can, I think you should be allowed to at least have a couple days to learn as much as you can about the baby in the hospital. I just wish I could have stayed in there.

The experience of early discharge was a difficult one for Connie. Her lack of support at home, feelings of conflicting advice, and her concerns about her lack of preparedness to care for her baby culminated in feelings of anger toward her experience.

Concerns about Self. Factors that were identified by the women as significant in the initial post-partum period which had an impact on the women's experiences was their physical and emotional state. Concerns about themselves made a difference in how well the women felt they coped during the early days at home. As Robyn stated: "If you could come home with a brand new baby feeling in good shape yourself it would sure be easier."

Concerns about themselves took on different forms. Some of the women such as Robyn had concerns about their physical well-being. Robyn describes how her perineum felt:

> The first couple days were not the greatest. I was extremely sore. I could hardly walk. Standing straight I couldn't, it hurt to sit. It hurt to stand and it was kind of scary with a new baby and you're not physically feeling up

> to par. I had only a couple stitches but I was swollen from front to back. I felt like I was, had stitches from head to toe.

Two of the women experienced a lot of discomfort from hemorrhoids following the birth of their babies. For Sarah the pain she experienced from her hemorrhoids was far worse than the tear she had:

> ...actually my tear wasn't that bad, what ended up happening was I ended up with really bad hemorrhoids from the delivery. I hadn't had any problem all through the pregnancy and then I had a lot of rectal pressure when I was pushing and that was more sore, like that was really painful.

Connie also experienced a great deal of pain from hemorrhoids. Having her first bowel movement was an ordeal that added to her negative experiences during her initial days at home.

> I was home giving myself enemas and suppositories. I finally had to lay in the tub and give myself an enema because it was just so awful and it was like almost as bad as the labour itself. I was so afraid to have a bowel movement that I was just, I was scared and I think I was tensing up so maybe that made things worse, I didn't have one for about five or six days after I was released.

Issues with breastfeeding were also a common sub-category that emerged from the women's stories. Problems with engorgement, sore and cracked nipples were identified.

Sarah's description was typical for the women, "I ended up becoming engorged and I was so sore and then my nipples, both nipples cracked and they were bleeding."

All of the women in the study were determined to breastfeed their infants. This determination was what helped Robyn through the initial discomfort and her

concerns about the baby getting enough. Robyn acknowledged that she had not anticipated the amount of discomfort she experienced:

> I didn't think it would be that sore and so that was a little frustrating because it's coming home and because I was going to breastfeed I didn't have any back up and like I knew I had to breastfeed and get through the soreness and everything and I was worried that I wasn't going to be able to get her to latch on properly in order to give her the proper feedings that she was supposed to get.

Jenna and Arlene also experienced painful breastfeeding. Arlene's discomfort was not related to cracked nipples but to the baby's nursing:

> She's got the suction power of a high speed vacuum and the only problem I have is that it, sometimes it really hurts and I don't think I have a cracked nipple and I just, I think I'm very tender and it hurts like the dickens.

For several of the participants the initial post-partum period brought on mixed emotional feelings. The extent and intensity of their emotional reactions varied. Sarah could not identify the source of her anxiety but attributed her feelings to being confined to home:

> I found that I started to feel anxious without really knowing why I'm feeling that way and then my husband would say, "Well, I think maybe you should get out." Like we have a dog and I'm used to walking him every day and it didn't dawn on me, how much I would miss that...

For some of the women the feelings of anxiety or being overwhelmed would come on suddenly with no warning and appeared to be unrelated to any particular event. April described her overwhelming emotional experience:

> I remember a couple of times just being overwhelmed, like I remember sitting in the living room and listening to some music and I just started to cry all of a sudden, you know, just feeling very thankful that he was healthy and fine and because, of course, you have all these fears, will my baby be healthy or sick or what kind of thing will we find after and that sort of thing and so just being overwhelmed with gratitude.

Emma also described an anxiety she felt that was unrelated to anything concrete. She described her feelings of anxiety during the first week at home:

> I felt like out of control and irrational fear, something's going to happen to this baby. Like what am I going to do, things like that. You know, I've got to be a nervous wreck for the rest of my life now wondering if anything's ever going to happen to this baby...

Connie expressed particularly strong emotions that were related to her physical concerns. These emotions in turn had an effect on her feelings toward the baby:

> ...I think the first week I felt that kind of depression or anger, like animosity towards him [BABY] but it was like in the middle of the night and you're frustrated. Your patience is low and you're tired and you're hurting.

She also described intense feelings of attachment:

> I feel like I'm completely attached. Like I can't stray far but he comes wherever I go so I feel completely attached to him.

Other women described a similar sense of overwhelming responsibility for their babies. The huge emotional impact that being responsible for a baby was best reflected by Emma. She summed up the feelings that the new baby brought out in her by saying "This life depends on me."

Concerns about Baby. In addition to concerns about themselves, each of the women also talked about concerns they had about their baby during the first few days at home. A common concern that surfaced in several of the interviews was jaundice. Arlene expressed concern about early discharge in relation to the baby's health:

> I think that would be the only disconcerting thing about early release is that, if the baby's jaundiced or whatever or if something happens

> a couple days into the baby's life, that you're at home and going aaah...

One baby was readmitted to hospital due to her jaundice. Robyn describes her experience:

> ...you start worrying about nothing. Anything that happens you start worrying abut it and then, well, then when the nurse was here she was quite jaundiced. ...we went back into the [HOSPITAL] because her jaundice level was too high, it had gone up and hadn't come down so we spent a couple of days in the hospital the second week after she was born.

Other physical concerns were identified by the women. Adria described her ambivalence following her son's circumcision.

> He was circumcised as well and I was a little leery about that. The Friday morning after they did it they didn't put enough Vaseline on the gauze and so when I changed his diaper the first time I went to take the gauze off it wouldn't come off so I called the nurse in. She had to soak it off. Well, that was very painful and he cried and it was just a horrible experience and I was a little leery about being at home and I used way too much Vaseline...

Arlene, Robyn, and Mary also expressed concerns about their babies' cords. Arlene's comment summarizes their feelings:

> We didn't really know what it [CORD] was supposed to look like and there were days that it was very hard and shriveled and then there were days it was really soft and mushy. So we thought, is it supposed to look like this?

Another common area that the mothers expressed concerns about was feeding. All of the mothers in the study were breastfeeding. For Megan, her worries about breastfeeding were due to what she had heard from other women:

> ...my biggest concern was the breastfeeding because I worked with a group of women who told me nothing but horror stories about breastfeeding for nine months so I was certain I was going to have a lot of problems but as it turned out, it went quite well.

Several of the mothers expressed concerns about the baby "getting enough". As Megan described:

> Mostly about her getting enough and can I rely on her [BABY] to tell me when she's getting enough. Like if she's hungry is she always going to cry and wake up to eat or is she just going to sleep right through [chuckles] and starve to death.

Mary felt confident with breastfeeding in the hospital but found being at home brought on feelings of uncertainty.

> Well,..the first time we put her on in the hospital it was like O.K., the latching on. You know, I went through in my head what I was supposed to do and she just grabbed and it was like O.K.. but at home we weren't sure.

Sarah and Mary also expressed concerns about the urinary output of their babies during the first few days. As Mary stated:

> O.K. is she dehydrating? She wasn't peeing at all and then, of course, the day the nurse comes she has her first soaking wet diaper so I mean one day later but it's the first baby panic.

Arlene's concerns about her baby receiving adequate nutrition were in relation to the baby's initial feeding pattern.

> What do you do? You know, even just the basic feeding. It took us a while to figure out, the first night was hell because she would nurse and then she would fall asleep and I thought, O.K.., she's done now. Put her to bed and then she was up a few minutes later wanting more so we had to figure out that this is her style of eating when she takes a little break so the first night at home, we didn't sleep and I don't know if we would have been able to get instruction on that in the hospital.

Not all of the mothers' fears about adequate intake were unfounded. Initially Jenna's baby did experience slow weight gain due to inadequate feeding time. Their visit to her physician at the end of her first week at home indicated that her baby was losing weight.

> The doctor looked at her skin and the fat reserves were depleted there was just kind of skin left and we went in to the doctor on the Thursday afternoon and I had to go back Monday to get her weighed again and she had gained 50 grams within that weekend of two-hour feedings...she's back gaining again so I guess we'll just wait and see. Several of the mothers also identified having general fears about their babies.

Robyn identified having unspecified fears about her baby becoming ill if she took her out:

> Like I had to go out and that kind of, oh, I can take her out and come back and she's still alive but at first I didn't want to, you know, I don't know. I don't know what I was afraid of. Maybe of getting her chilled or what but no, it's then after a while you realize well, I can't stay in the house forever...

These fears were not the result of anything concrete but were feelings that the mothers had that something unknown could harm their babies.

Doing something for the baby the "first time" also caused anxiety for some of the women. As Adria stated:

> Like you just take your time and it's no big panic but the first time, like every time there's something new that you're doing, like the first time I bathed him by myself I was worried.

Each new event with the baby was unique and uncharted territory for the mothers. Occasionally this led to feelings of anxiety and in some cases feelings of uncertainty in caring for their baby.

Image of Baby. In addition to concerns about their baby's well being each of the new mothers shared their perception of their baby in the early post-partum period. Several of the mothers described their baby as a "really good baby". Adria described what made her perception positive:

> We got up about 2:30, 2:00 in there somewhere and then we're up again around 6:00 and he eats. We change his diaper. He eats on the other

> side. He goes back to sleep. He doesn't play around. We don't mess around.

Several of the mothers equated the amount of time their babies slept as being "good". Sarah is a typical example:

> He's actually really good. He's usually fussy till, you know, between eleven and one at night and then he'll sleep four to five hours so I mean that's really a bonus.

For some of the women, the type of baby they had would have made a difference in their comfort level coming home within 48 hours after the birth. As Megan stated:

> If she had been a different kind of baby and I had had trouble in the hospital I would have really been anxious about coming home.

Although Connie would have liked to stay longer, she also spoke positively about her son. She described him as a "good sleeper" particularly after he had been fed. He also would sleep approximately five hours at night between feedings which Connie felt was helpful.

Coping Skills. The mothers who felt positive about their early discharge experience also had effective coping skills. Adria describes herself as independent and illustrates her coping skills:

> If you need help, the nurses are there but they try to let you do as much of it as they can so that you get better at it. Well, I can do that at home. Like I don't need to be sitting in a hospital and having to buzz them. I can phone them if I run into problems.

Adria, Robyn, Emma, and April talked about practical approaches that assisted them in the early days. April shared one of her strategies:

> ...if you haven't got somebody to look after the house for you, you know, like someone that stays for a while I'd say, pick a job a day. You know, clean one bathroom if you're feeling like

> you need to do something or do one sink of dishes or whatever, but not try and do all three bathrooms and vacuum one floor and, like that, I think, it would be really unwise just because your body has gone through this traumatic event and even though you may feel really good it will catch up with you and you'll pay for it in the long run being that your recovery time will be longer.

Robyn also found that having visitors such as her mom or her sister help gave her time to spend with her baby without feeling the pressure of carrying out everyday activities. She describes how she enlisted her mother's help:

> Because like mom, you just tell her well, you know, they came before lunch and, you know, you say well, this is what I had in mind for lunch and then she'll go and make it of whatever and then clean up.

In addition, Robyn shared some practical wisdom, by stating "I think the thing is just not being afraid to ask for help."

Settling In - The Later Days at Home

Although the second interviews reflected a later time period there were several recurrent themes identified during these interviews with the new mothers.

Support

Support was a definite recurrent theme in the second interviews conducted at 6 to 7 weeks post-delivery. Reflecting on their early discharge experiences the women stressed the importance of their having had support during the early days and weeks at home. Knowledge that they could call the health unit or their physician for advice was a source of ongoing support. For Margaret, the existence of various support groups facilitated by health nurses was reassuring.

> Use the support groups that are there. There's the breastfeeding support group, the post-partum depression group. I didn't have to use them but it's

nice to know they're there.

Emma did use the support groups and found them a place where she felt comfortable and a place to meet other new mothers with similar questions and concerns. She described her feelings in the following way:

> That's one outing where you don't worry about the breastfeeding part. Like you don't have to get all worried about it. You just go and do it there. Nobody objects and like just meeting other mothers in the same situation.

Sarah also spoke about the positive characteristics of the breastfeeding support group: "It's nice to talk to people about things that haven't come up yet and also it was very interesting."

Continued instrumental support was identified as invaluable by the mothers during the later weeks. Connie described the importance of instrumental support from her mother-in-law:

> I think if [HUSBAND] and I, instead of having his family here, if we didn't have any family here or friends, he would have had to take work off. I would have been here and I don't know what we would have done because his mom came in and cooked meals and everything and it was just so draining to have to do all that...

Continued support from the community health nurses was also identified as valuable to the new mothers. Emma described how she appreciated the communication with the health nurses. To Emma, being able to receive information over the telephone was important.

> They called me back the next day. I'm really very pleased with them because, you know, you always hesitate to call her doctor because they're just going to tell you well, come in and then it's a big production to get there and you wait for an hour, an hour and a half with a fussy baby and then they don't tell you a heck of a lot in the end, so I've really appreciated the health nurses' advice and they're also willing to come out if necessary.

Jenna expressed similar feelings toward the visits from the health nurses.

> I was more comfortable to be at home and the health nurses were there and everything. I had support, other family and friends that could come, you know, if I needed help and that.

The importance of support to the new mothers was evident throughout the interviews. Arlene summed up the importance of support to her:

> I think it's important to have a network of people that you can rely on for help even if they aren't mothers, just people that you can phone to say, come over or can I come over.

Sarah also shared what support meant to her, particularly from health care professionals:

> I haven't had a second baby but I have a feeling that, it has a lot more to do with the support than it does maybe what you don't, like actually teaching or treatment or anything like that and maybe some people don't need it. Maybe I needed it because I don't have family here but I just think that it was really nice to have a professional come and give you, like this is the latest thing on breastfeeding. This is the latest thing on this or that and I mean you can take it or leave the advice but at least you know what is current.

Changes for Mother

Confinement. A sense of confinement was identified by several of the mothers in the later weeks following the birth of the baby. Coming to terms with the changes in their lifestyles was not easy.

> Yesterday [HUSBAND] came home and I was growly as a bear, just cabin crazy, you know, I need to get out of the house and see someone. I need to get out of the house and I think being winter it's a lot more difficult. I was even thinking yesterday I just need to go for a walk but I can't bring the stroller out in the snow and I'm not going to carry her.

Emma attributed her staying at home in part to the amount of time and energy it

took to get ready to go out .

> At times I do feel imprisoned but really it's the time of year that makes things so much more complicated. It's cold out. You bundle yourself up. You bundle him up and warm the car up and it's all such a big production for a little outing so I don't bother. I go a few days without getting out at all.

Robyn's statement reflects a similar feeling:

> I don't get out a whole lot. I think the weather has a lot to do with it too. It's been so cold that when [HUSBAND] comes home in the afternoon I usually go and do groceries and whatnot. Last Thursday when we had the doctor's appointment it's quite a production getting her dressed up

As well as the feelings of confinement, some of the mothers also struggled to come to terms with the lack of their "own time". For Arlene this was evident in her lack of time to get things done around her home.

> I was thinking that last night that even just things that I normally like to have done and before she came along I was really fastidious about cleaning and the house was spotless all the time and, you know, not just things put away but everything was dusted, cleaned and vacuumed even when I was working and now I can't even, if I get a five minute chance to do anything and I find that I do things but I don't clean up after myself. I feed her or I'll change her and then I'll leave a pile of whatever, refuse from her change, clothes or whatever and [HUSBAND] can see what we've done because we've left a trail all day long because you do something and then you have to go and do the next thing but you don't have time to clean up what you did before so that's frustrating as well.

Changes to lifestyle and usual routines were also identified by Adria:

> We just tend to make more concessions. We're a little bit later getting to places just because when we go especially somewhere in public we want him asleep so we'll drive around a little longer or we'll do things a little different.

The need to have time alone with their spouse and friends was addressed by several of the mothers.

> I'm really looking forward to this trip down to see my family and they can, Like I don't mean to dump him on them but I mean

> they'll be so anxious to look after him and I'm going to bring a breast pump and everything so they can feed him one night and [HUSBAND] and I can just go for dinner or I could just go and see some old friends. Definitely my free time has been hindered. (Connie,2)

Conflicting Advice. One of the issues that the new mothers encountered was receiving unsolicited advice. The advice was from a variety of sources and dealt with a wide variety of baby care issues. Arlene received conflicting advice about feeding her baby during the early weeks:

> When we were dealing with the waking up in the evening he [HUSBAND] was ready to start shoving pablum down her throat and I'm going - "No". She's too young for food even though our doctor said, "Just feed her and put her on formula". I said forget it. Like because he's not a breastfeeding fan or just doesn't you know, one way or the other so I said "no" and there are other times too that he'll choose the quicker way out rather than she just needs to cry.

Emma found that issues around breastfeeding brought on the most unsolicited advice. She found that the advice received from older women in her family was not that supportive of breastfeeding.

> ...there's a lot of misinformation out there and myths and strange ideas about it in previous generations. Like my mother-in-law and also other in-laws that have had their kids, at least twelve to twenty years ago and it seems like in those days women mysteriously never produced enough milk, you know, because nobody breastfed and the formula was it and they had a strong belief in science over nature.

Connie also encountered unwanted advice from her family members. She summed it up in the following way: "You hear so much advice from all these sisters and mother-in-law and all this so I tried it and it's not consistent..."

The mothers described the inconsistent advice they received as frustrating and a source of irritation. Adria discovered that conflicting advice was not only in the

form of verbal communication but also in the available literature, however she sought professional help to assist her in making her decisions.

> I've got two books and by reading them both they kind of contraindicated each other a little bit so I'd phone them [health nurse] for clarification. They're really helpful.

Self-confidence. In the weeks following the initial interviews several of the mothers noted they had gained increased confidence in their ability to care for their babies. Sarah describes her increased comfort level:

> I'm actually having quite a bit of fun. The last week or so it started to feel, I felt a lot more at ease with him and everything.

The mothers also identified feeling more organized and better in control in the later weeks. Sarah stated:

> I feel certainly a little bit more in control. A little bit more organized and better rested and just all together I feel like I'm finally kind of getting into the role a little better. ...We're still it's still hard, you know, getting places and it takes a lot of arranging too, if you want to do anything outside the home and all that but I think it will always be like that now. But I'm actually having quite a bit of fun. The last week or so it started to feel, I felt a lot more at ease with [BABY]...

She summed up her feelings "I sort of expected to feel kind of out of control sometimes but I really haven't. Like I feel like everything's going along as it should go and physically I feel good."

Several of the women also commented on routines they were establishing during this time with their babies. Jenna described the changes she had noticed in her baby:

> Actually just two nights ago is the first time she woke up at three o'clock in the morning to eat and she hasn't done that since she was maybe a month old, so we've been really lucky that way. Before six weeks, it's hard to remember that now. No real schedule and of

> course, you don't know to recognize the cry so you think could she be hungry or could she have gas or what's your problem. She'd get up and she'd usually go right back to sleep again 'she slept a lot more then than what she does now.

In contrast, Robyn did not notice a significant change in her baby's routine.

> I don't think the days have changed too much. She's still pretty demanding during the day, like no long sleep periods. It seems I don't have a feeding schedule for the day. That's what I was just thinking today. If I could get her on the four hours like I have her at night during the day it would be nice.

The increased comfort level in caring for their babies also provided the new mothers with time to think about other issues. The mothers were able to focus on other aspects of their baby's care. For Adria, decisions around returning to work and the prospect of missing the baby's "firsts" were identified.

> You want to be there for all the big things and to miss their first word and miss their first step and to miss everything and yeah, you take them home and that's the first step you saw him do but that's not his first step. ...I would die if I came home and he had walked or he had talked or, it's just, it's just tough and we're lucky that I don't have to go back.

Issues around breastfeeding took on a different perspective from the early days. The new mothers were less concerned about getting started with the breastfeeding and focused their attention towards feeling comfortable nursing in public places and the length of time they were going to breastfeed.

Emma described how she was struggling with breastfeeding her baby in public places and the length of time she would continue to breastfeed her baby. She felt that breastfeeding is still not accepted fully by others.

> ...I think, the length of time that you do breastfeed. It's nice to see mothers with older babies breastfeeding and it's always encouraging to see other examples. I think that's what's wrong with breastfeeding in public at the moment. You never see any women out there and

> it would be a lot easier, you know, like you're still a ground breaker if you go out there and do it.

Adria had already decided on how long she would continue to breastfeed her baby:

> I want to breastfeed as long as I possibly can. My sister-in-law went right from breastfeeding onto a glass and I'd kind of like to do the same thing because I don't want to wean him from me and put him on a bottle and have to wean him from the bottle onto a glass. If we can kind of miss a step that's, I just think it's easier on me.

For others the first few weeks were full of "firsts" and a time of many adjustments to motherhood. As Arlene described her feelings:

> She's just one big question. You know, I can see with the second child or subsequent children that you'd be a lot more relaxed and not as uptight about things and you'll know what to expect, well the first one did this one so, that's okay, and she's just, everyday it's like oh, should she be doing this or is it O.K. to leave her like this or, you know, all sorts of things.

Karen found that providing physical care for her baby the first time was unsettling for her. She describes the first time she gave her baby a bath:

> The first bath...that was scary. Yeah. That was scary. I did her first bath by myself and so holding her head up, trying to wash her, what an adventure and after I was all done, oh, I didn't do her arm pits. I didn't do her underneath.

Changes in their physical and emotional selves were also identified as a source of concern. Arlene found the changes to her body in the early weeks post-delivery were a source of anxiety.

> ...but the first time really not knowing, watching your body do all these things and you're thinking hmm, should I be concerned and there was a couple of days, more than a couple of days that I would be very uptight, just, you know, apprehensive, watching what my body was doing, thinking is this O.K....

Jenna's comment sums up the overall feelings of the new mothers.

> It was just a blur, I think, everything's so new. You know, as much as you try to prepare yourself for the changes it was, nothing could, I don't think, prepare you unless you go through the experience.

Changes in Baby

Changes in their babies were also identified by the mothers as a focal point during the first few weeks. In particular social changes in the babies were noted by the mothers. Sarah commented on how "special moments" helped her through the initial weeks:

> About two and a half weeks ago he started to smile and that just is a pick me up. Like even when the other day I had no patience at all and I, that morning I usually try and have a sleep in the morning but I just couldn't have one because he was up all the time and I was feeling really hard done by and then he'd start to smile and you think, oh man, how can I possibly be mad at you? You're so adorable. And then today, he, it seemed like he recognized me when I went in to get him so that was really special.

Although Connie described feeling "rushed" out of the hospital and expressed feelings of frustration during the initial interview, she also found that her baby's emerging personality helped her through the first few weeks.

> Just his personality and his smiling and cooing and laughing and how much you just can't wait to, like in the mornings he's just so happy and even if I've had a rough night he's just, it makes it all worth it when you see him. They kind of talk to you and recognize that you're his mom and he's grateful. Like in his own little way I think he's saying thank you and I love you, it's really, it's really rewarding.

For the most part the women described themselves as coping better at 6 to 7 weeks post-delivery due to less fatigue and the assumption of a routine. Connie described her baby's changing sleep habits as assisting her to handle the day to day activities of new motherhood.

> I think part of it's because [baby] is sleeping through the night now so

> that's made all the difference in the world, getting a good night's rest because before I was up well, every two or three hours during the night not catching up so sleep has made a big difference.

All of the mothers described positive feelings towards their babies. They also felt that the changes in their comfort level in caring for their baby increased over time. Many of the mothers felt that they were adapting as the weeks went by. As Robyn remarked:

> I think the most frustrating thing about being home is not getting things done so I feel while she's sleeping I want to get things done and I don't know if I'm going on adrenaline or maybe I don't need as much sleep as I used to. Like I used to love my sleep. [half chuckles]. But now I seem to be running on a little less and not really suffering for it. Adapting, I guess.

Advice to New Mothers

During the second interviews several of the mothers shared advice for other new mothers. Many of these suggestions took on the form of practical advice. Making use of the available support services offered in the community was identified as important. As Robyn put it:

> You're on your own know, there are lots of people to get help from and I think, it's a good thing to take advantage of that, those services and groups and stuff.

Margaret also commented on making use of the support groups:

> Use the support groups that are there. You know, like there's the breastfeeding support group, the post-partum depression group. I didn't have to use them but it's nice to know they're there. Use the health unit nurses, they'll answer your questions. ...but just take things in stride and roll with the punches.

Megan also stressed the importance of taking help when it was offered regardless of the source or form that the help took.

> Take help when it's offered because you don't know if you can do everything yourself and sleep when you

> can sleep. [chuckles]. If you've got a chance to nap, take it.

Arlene emphasized the point of accepting assistance and setting yourself up to have some form of assistance available:

> I think it's important to have a network of people that you can rely on for help even if they aren't mothers, just people you can phone to say, you know, come over or I can come over. I need to get out of my house. You know, will you look after her for a couple of minutes for me so I can go for a walk or whatever and that's the most important thing is to set up and to make sure you have some other person that you can be with because you do go nuts talking about life with a six week old. [chuckles].

Megan also shared the importance of remembering that it does get easier as time goes on.

> Hang in because everybody says it gets better and it does because I mean even just that one hour longer at night is a big step and you kind of get little encouragements every now and then so [short pause] do your best and I think it all works out.

Summary

In this chapter the experience of early discharge from the perspective of first time mothers has been described. Eleven of the twelve mothers felt that they were ready for discharge within forty-eight hours of delivering their babies. Several key themes were identified in the initial interviews and were reiterated in the second follow-up interviews.

The importance of preparing themselves for the birth of their baby was considered important to the mothers' postpartum confidence. Readiness for discharge was equated with several factors. A positive attitude toward their labour

and delivery experience played a major role in how the mothers felt about early discharge and their ability to cope once they were at home. Even those women who described their labours as long and painful but who still had a positive attitude towards their entire experience viewed their early discharge experiences as positive. How the mothers felt physically following the birth also played a role in their perception of early discharge. The one mother who felt physically unwell was the only one who in retrospect would have preferred a longer stay. This woman's actual physical discomfort as well as, her fears about her physical well-being impacted on her readiness to be discharged.

Support was described as imperative throughout the labour and delivery experience as well as during the early weeks at home. Several types of support were expressed as having an impact on the mothers' first days at home, affective, instrumental, and affirmative support each played a part in the mothers' abilities to cope during the early days at home. The role the community health nurse played in providing support was also essential to these new mothers. The anxiety related to caring for themselves and their babies was another theme that arose. As well, the image each of the mother's had of their baby had an impact on their impressions of their adjustments to being at home during the early days and weeks post-delivery. Mothers who felt positive about early discharge also appeared to have effective coping skills. During the second interviews the mothers again reflected on the importance of support. Although they encountered barriers such as feelings of confinement and conflicting advice, the mothers tended to remain positive about

their early discharge experience. Changes to their self-confidence levels also helped in the adjustment to motherhood in the later weeks. Each of the mothers was also eager to share advice with other first time mothers.

CHAPTER V

CONCLUSIONS, LIMITATIONS AND DISCUSSION

The purpose of this study was to explore and describe the experience of compulsory early postpartum discharge from the perspective of first time mothers. With compulsory early discharge, the women lacked the choice between a longer hospital stay or early discharge. In previous investigations there was a choice of participation in an specific early discharge program or remaining in the hospital for a more traditional length of stay. This option is no longer available for women who have an uncomplicated delivery and a healthy infant. The major findings of this study will be discussed in the following chapter. A discussion of the study findings as they relate to the existing literature will be described. Limitations of this study will be identified and discussed. Implications for nursing practice and education, as well as suggestions for further research will also be presented.

Conclusions

Primiparas perceptions of their experiences following compulsory early discharge were influenced by the following factors:

- a perception of adequate prenatal preparation had an impact on the women's desire for early discharge;
- perceptions that the women had of their of labour and delivery experience did not equate with their satisfaction or dissatisfaction with early discharge;

- the desire to have control over their lives and the care of their child was a significant factor in their readiness for early discharge;
- support was important for the women and was critical in how the mothers viewed their transition to motherhood;
- the most important sources of support identified were their spouse, other family members, friends, and the community health nurses.

The concerns identified in this study were similar to those reported in earlier studies. They included maternal concerns relating to pain on breastfeeding, passing clots, hemorrhoids, perineal discomfort, the responsibilities of caring for the baby, and fatigue. Concerns about the baby included newborn feeding (for example, weight gain, adequacy of milk supply), jaundice, circumcision, cord care, urinary output and stools. Haynes (1995) studying a similar population in which she used a structured questionnaire to identify maternal concerns during telephone interviews found that the mothers with whom she talked had similar concerns.

Based on the findings it appeared that all but one of the participants in the current study were satisfied with their early discharge experience. However, these women would have selected early discharge had they been given a choice. Eleven of the women interviewed as primary informants described their preparation for the birth of their baby, the influence of their labour and delivery experience and the support they had in place as assisting them through the initial weeks post-delivery. A secondary informant identified herself as having a similar experience to these primary informants. She also described herself as someone who would have

voluntarily selected early discharge if she had been offered a choice between discharge at 48 hours or less and a more traditional length of stay of three to four days.

One of the primary informants perceived herself as having difficulty in relation to her own physical changes and in caring for her baby. She did not describe her early discharge experience as a positive one. Unlike the other women she did not identify having either instrumental or affirmative support available once she was at home. This informant also perceived that she was not well enough physically to be discharged from the hospital within the 48 hours.

Limitations

The thirteen women who were interviewed were volunteers and provided an adequate number of participants for this study. Twelve of the women were primary participants, one of the primary participants was interviewed using the storyline derived from the initial sets of interviews. Another woman acted solely as a secondary informant. She reviewed the storyline containing the identified themes and shared her own reflections on her early discharge experience.

The major limitations of this study are:

- all of the women who participated in the study were primiparas;
- there were no adolescent mothers included in the sample;
- there were no single mothers amongst the volunteer sample;
- all of the couples had access to and attended prenatal classes; and
- all of the women implemented forms of self-education through reading

and talking to other women with babies.

Due to the limited number and homogeneous characteristics of the women, the findings cannot be generalized to all first time mothers. As participation in this study was voluntary, it is possible that there are a greater percentage of women dissatisfied with early discharge than were found in this study. It could be anticipated that they might be too overwhelmed with the experience, as was Connie, to volunteer to take part in a research study.

Discussion

The perceptions of twelve mothers who experienced compulsory early hospital discharge following the birth of their first child will be addressed in reporting the findings from this study. The concerns and fears that mothers experienced as well as the nature of any supports that assisted them to cope with the responsibility of a new baby and the changes they made in their lifestyle, when compulsory early discharge was enforced were the factors that initiated the study. It was evident from the interviews that there were some antecedent conditions occurring in the antenatal period, that were important for the early discharge experience to be perceived as satisfying.

Setting the Stage

During the initial interview conducted with the mothers at 7 to 10 days post-delivery, two antecedent conditions were identified as having an effect on whether the mothers viewed their early discharge experience as a positive or negative one.

Setting the stage, that is preparing for the arrival of the new baby, was identified as important by all the mothers and took on different forms for each of the women. In the interviews the mothers discussed the actual preparation for the baby such as setting up the baby's room, assembling clothing, diapers and other baby care needs. Education to assist in the preparation for their baby was also a strong theme that was evident in all of the interviews. Several of the mothers also identified self-education as important. They read books and magazine articles to assist them in not only preparing themselves for the baby's needs but also preparing themselves mentally and physically for the pregnancy as well as the labour. The women also identified that as their pregnancy progressed the focus of their reading moved to thoughts of their impending labour and delivery. Prenatal classes were also attended by the majority of the mothers.

Positive support was extremely important. The one woman who had non-functional support was not satisfied with her early discharge experience and did not perceive that she received the support she needed.

In addition to the prenatal preparation the women also received some post-delivery education while still in the hospital. All of the mothers with the exception of one, felt that they received adequate post-delivery education in the care of their baby prior to their discharge. In this study one participant stood out as being different from the others. She could be regarded as a negative case, in that she was the only participant to hold strong views against early discharge. She did not believe that she was adequately prepared to leave the hospital with her new baby.

This mother did not perceive that she received adequate preparation prior to discharge on how to care for her new baby and believed that she was given mixed messages about caring for herself. She was given a video to watch on bathing her baby but did not have the opportunity for a "hands on" demonstration. Although she was provided with printed materials there remained a feeling of inadequate preparation for discharge. She also believed that her concerns about her physical discomfort and questions about herself and her baby were not addressed by the nurses in the hospital setting. In an earlier study (Field, Campbell, & Buchan, 1985) there was a common perception amongst the mothers interviewed that the nurses neglected to discuss the womens' postpartum feelings. This finding supports this participant's perception of her lack of care.

Influence of Labour and Delivery

Another antecedent condition that was identified was the influence of the labour and delivery itself. The mothers' perceptions of their labour and delivery experience ranged from a sense of a relatively easy labour to a hard and difficult one. The perception of a difficult labour did not always equate with the mother wanting to remain longer in the hospital. Several of the mothers described their labour and delivery as hard, difficult, and/or very painful, however, they also identified that given the choice they would not have wanted to stay any longer in the hospital. Only in the identified negative case did the mother state that she would have liked to stay longer in the hospital if given a choice. In this particular situation the mother had concerns about her own physical well being and did not feel ready to

be discharged. She stated she felt extremely fatigued, in pain and was scared about the large clots she was passing. Anxiety about physical well being post-delivery having an impact on a woman's discharge preference is supported by Lemmer's (1987) work, where women who chose to stay longer identified concern for their health and recovery, their need for rest, and their recognition of the need to become more acquainted with and learn about their baby. This appeared to be only one of several factors that influenced this informant's dissatisfaction with her early discharge experience. As noted earlier, she also did not feel prepared to undertake her own or her baby's care.

The option of voluntary compared to involuntary early discharge has been identified as having an effect on womens' perceptions of their experiences (Waldenstrom, 1989). In Waldenstrom's study, Swedish women who had selected early discharge voluntarily were found to be very satisfied with the experience. Conversely, women who were discharged involuntarily were more critical and expressed greater disadvantages that the voluntary early discharge group. There was evidence that all but one of the women in this study would have selected early discharge had it been offered on a voluntary basis. The women generally described wanting to go back to the comfort of their own homes. In a predictive study, Campbell & Field (1990) found that women who indicated a preference for early discharge also identified they would prefer the more relaxed environment of their own home. Women in this study also identified the benefits of early discharge on the relationship between father and baby, this was also identified as a benefit of early

discharge by Campbell (1992).

An increased desire for control over what was happening to them, their baby and/or their partner was also identified as a reason for wanting to be discharged sooner. Several of the women identified a sense of lack of control while in the hospital environment. This finding echoes the results of a study by Hall & Carty (1993). In a grounded theory study, Hall & Carty identified the basic social process of "taking control" in interviews with women who had selected early discharge. These women considered their specific beliefs about family and home, aspects of their own personalities and the availability of support at home as their rationale for participating in an early discharge program. Romito & Zalateo (1992) also identified preferences regarding early discharge and returning home. Women in their study believed that they felt better in their own home and that it was preferable for them to start family life with a new baby immediately. Inability to rest at night and during the day, due to disruptions in the hospital, was also cited as reasons for leaving the hospital setting as soon as possible.

Transition to Motherhood - The Early Days at Home

Several factors arose as being key to a perception of a positive transition to motherhood. These facilitative factors were: a sense of support, a positive perception of their baby, and effective coping skills. Support was identified as the critical piece in how the mothers viewed their transition to motherhood. Three types of support were identified in the womens' stories and these could be classified

according to Norbeck's (1984) categories, as affective support, instrumental support and affirmative support. All of the women talked about instrumental support in relation to household activities such as cleaning and meals. In addition, assistance with baby care in the first few weeks were also identified as important. However most of the new mothers were happy to provide for all of the baby's needs while others dealt with the household activities. The women also said that having someone else tend to the baby while they had extra rest during the day was of benefit. Additional rest during the day improved their coping ability with everyday activities. There are similarities between Campbell's (1985) findings and the results from this investigation, in that the perception of support given by others was identified as critical in the womens' adaptation to motherhood. In Campbell's (1985) study, women identified the difficulty they would have had coping with the responsibilities of a new baby without support. This was a theme that was also identified in this study. One could argue that support was the most important factor identified in the women's stories.

Affective, instrumental and affirmative support were also identified as imperative in assisting the mothers toward a positive experience during the initial weeks at home. Major sources of affective and affirmative support for this sample were the womens' spouses, their own mothers in all cases except one, siblings (usually a sister), friends, and the health nurses. The major source of instrumental support was identified as their spouse. Mothers and sisters were also identified as providing considerable instrumental support. One mother who received

instrumental support from her partner but did not feel she received adequate affirmative support talked about not being ready to come home from the hospital within the forty-eight hours. To this new mother the affirmative support was important for her to feel she was coping well with the situation. One of the mothers who did not perceive early discharge as a positive experience, described an example of non-support. Connie's mother was basically non-affirming of Connie's mothering abilities. Connie did not believe that she received either affective or affirmative support from her own mother. White (1990) found that the provision of affective support was more important than that of instrumental support to the interaction between the young adolescent mothers and their babies in her study. The positive effects of affective and affirmative support have also been identified in the general social support literature (Harrison, 1988; Popiel & Susskind, 1985). Affective support has been suggested as more important that instrumental support in effecting an individual's well-being (Israel & Antonucci, 1987).

Women in the study identified that the support received contributed to their level of comfort with early discharge. A feeling of security that someone would be available to answer questions when the unexpected arose was equally important. Support was a recurrent theme in the second set of interviews conducted at six to seven weeks post-delivery. Upon reflection on their early discharge experiences all of the women reiterated the importance of having support during the early days and weeks a home. The existence of various support groups, such as a breastfeeding support and a postpartum depression group, was identified as invaluable. The

woman identified as the negative case did not utilize these services and did not address the existence of support groups.

Continued support from the community health nurses played a key role in how the new mothers felt during the later weeks. All of the new mothers received a phone call from a community health nurse within forty-eight hours post-discharge and in most cases within twenty-four hours. A visit from the community health nurse was done within the first 24 to 48 hours' post-discharge. The women identified access to additional information on the care of their babies and what is considered 'normal' as critical to their ability to cope with a new baby and the physical changes occurring in their own bodies. This finding was very different from an earlier study by Field and Renfrew (1991), in which the community health nurses were not seen to be of particular value. The community health nurses now visit earlier post-discharge and they are seeing the new mothers at a "critical" period. In addition, the community health nurses are viewed as providing much needed guidance and support by the women.

Support was also a recurrent theme in the second interviews conducted at six to seven weeks post-delivery. Again the women emphasized the importance of having support during the early days and weeks at home. Eleven of the women stated that knowing they could contact the health unit nurses or their physician for advice was an ongoing source of support. The continued support of their spouse, family and friends was also identified as equally important. Communication with the health nurse through follow-up visits or over the telephone provided additional

reassurance and a perception of support. The existence of formal support groups in the community facilitated by health nurses was also viewed as a place to meet other new mothers and to share similar questions, concerns, and experiences. Ongoing instrumental support, for example, assistance with daily activities such as cooking and cleaning provided by their spouse and family was identified as crucial in the later weeks at home. Three of the women stated that their partner, mother, or sister would listen for the baby in order that they could obtain a little more rest. One of the women described how she wanted to decorate her home for Christmas and get her Christmas baking done. She enlisted the assistance of her mother and sister in order to complete these preparations.

Beliefs and Attitudes. The beliefs and attitudes of the mothers had an enormous effect on whether their early discharge experiences were viewed positively, with ambivalence or as negative. Several of the women stated that they would have chosen to be discharged at least forty-eight hours after delivering their baby if given a choice. Two of the women expressed initial ambivalent feelings toward their early discharge but stated they were still happy with their experience. Some of the women felt it was scary at first but felt that they would need to be alone with their babies at some point. Only one mother, in this study, was emphatic that she would not have selected early discharge if she had a choice. This mother did not have the same support network as the other women in the study. Although her spouse provided some instrumental support, he did not give her the affirmative support she needed. As well, she did not have any support from older women

experienced with infant care. In this study, whether or not early discharge was desired by the mother definitely had an impact on whether or the not the experience was viewed as a positive or negative one. In an earlier study, mothers who planned an early discharge (Hall & Carty, 1993) were found to have their decision influenced by their beliefs about family and home, their personalities, ability to accept help and the support that was readily available to them.

Concerns about Self. The womens' concerns about their physical and emotional state made a difference in how well they felt they coped during the early days at home. The women's concerns took on different forms. Physical concerns included perineal discomfort, painful hemorrhoids and breastfeeding. Initial issues with breastfeeding included engorgement, sore and cracked nipples, and difficulty with the baby latching on properly. The women described the first few days with breastfeeding as the most difficult. There was a difference in the concerns identified by the women in this study between the first and second interviews. Over the first few weeks the focus of their concerns changed from issues about initial care of the baby, their own fatigue levels and getting breast feeding established to concerns about establishing routines with the baby, particularly in relation to feeding and elimination times and for arranging time for themselves. Two of the women even talked about childcare issues when they went back to work. The findings from this current study reflect findings from Rovers (1986) study of concerns of mothers and the effectiveness of a teaching program prior to discharge from hospital which showed that maternal concerns differed over time. Concerns that were ranked

highest after one week at home were: fitting baby into the family schedule, infant feeding and becoming overtired. The six week measurement in Rover's study revealed that mothers were most concerned with getting their figures back, the baby's voiding and bowel patterns, and infant feeding.

The women also described being up and down emotionally in the first few weeks at home, with their feelings shifting from elation and euphoria to being scared about their new role. For the participants in the study the extent and intensity of their emotional reactions varied. Some of the women described feelings of anxiety or being overwhelmed which would come on suddenly with no warning and appeared to be totally unrelated to a particular event. The women in Campbell's (1985) study reported a sense of emotional tiredness that resulted from anxiety caused by the realization of the immense responsibility in providing constant care for the baby. In Campbell's study, intense feelings of attachment and an overwhelming sense of responsibility for their babies had an emotional impact on the women. Some of the mothers described the anxiety they felt as being unrelated to anything concrete. In the early days the experience described by the mothers' is similar to the symptoms classified as "postpartum blues".

Concerns about Baby. Another theme that arose was the concerns the new mothers had about their babies during the first few days and weeks at home. All of the women interviewed talked about various areas of concern they had regarding their baby. The womens' concerns about early discharge were often in relation to the babies general health. Several of the mothers identified the possibility of

jaundice as a concern for them. Other physical concerns were the potential complications with a circumcision and questions about the baby's cord. Questions around the cord centered on when would it fall off, discharge from the cord site, and whether what they were observing was within "normal" for a baby's cord. In addition, the women expressed concerns about the adequacy of the babies' intake while breastfeeding and subsequently, their weight gain. Urinary output and bowel function were also identified as subjects for concern and were tied to the adequacy of the babies' intake, findings substantiated in Rover's (1986) research.

Another area that was commonly discussed was the womens' concerns about feeding. The concerns around amount and frequency of feeding have been well documented in the previous literature (Gruis, 1977; Harrison & Hicks, 1983; Graef, McGhee, Rozycki, Fescina-Jones, Clark, Thompson, & Brooten, 1988; Field & Renfrew, 1991). In a recent study on first time breastfeeding mothers following early discharge, it was found that infant feeding concerns ranked highest when investigating mothers' concerns in the first month post-delivery (Haynes, 1995). All of the mothers who participated in the current study were still breastfeeding at seven weeks postpartum. For one of the women her worries about breastfeeding were due to negative stories she had heard from other women prior to the birth of her baby.

Several of the mothers also said that they were not sure if their baby was receiving adequate amounts of breast milk. In two cases the women had questions about the adequacy of their breast milk because of family members questioning the amount of milk the baby was getting. One of the mothers talked about feeling

confident with breastfeeding in the hospital but found that once she was at home there were feelings of uncertainty. These feelings were mainly in relation to positioning and latching on properly. The women also had questions about the amount the baby was receiving in relation to the baby's feeding pattern. One of the babies did experience slower weight gain due to an inadequate amount of feeding time. These concerns are similar to those identified by Haynes (1995). A visit to the physician, to have the baby weighed indicated that she was losing weight at the end of the first week at home. The physician recommended that the mother supplement her baby with formula. As she was determined to breastfeed, this mother increased the frequency of feeding and only used formula in the evening. Her baby adapted well to both the breastfeeding and the bottle and had gained weight during the next week.

Some of the concerns were not the result of anything concrete but were generalized feelings that something unknown could harm their babies. Several of the mothers also identified doing something for the baby the "first time" was a source of anxiety. In some cases this led to feelings of general anxiety and feelings of uncertainty in caring for their baby.

Image of Baby. All of the mothers shared their perception of their baby at some point in the initial interview. Several of the mothers described their baby as "really good" and described in detail what made their perception so positive. In an earlier study (Gojmerac, 1988) the mother's perception of the baby was the most significant factor in the development of maternal confidence. The fact that most

mothers in the current study had a positive perception of their baby could be one possible reason why adjustment was a positive experience. Others equated the amount of time their babies slept to being "good". The mothers also identified that the type of baby they had made a difference in their comfort level coming home within 48 hours after delivery. Some of the mothers noted that they believe that having a baby that was "high demand" and who cried a lot would have been much more difficult to handle in addition to their being at home earlier.

Coping Skills. The women who participated in the study could also be described as having effective coping skills. Throughout the interviews four of the women talked about being independent, having to go solo eventually and provided practical approaches to coping with the demands of new motherhood. Two of the mothers stated that they had no difficulty in "assigning" tasks for family visitors and found this enabled them to spend more time with their babies without the pressure of carrying out everyday activities.

Changes for Mother

Confinement. Several of the mothers identified a sense of confinement in the later weeks following the birth of their baby. In some cases the confinement was self-inflicted in that the women felt that the time and energy it took to get ready to go out was not worth the benefit of an hour out of the home. Confinement was not just related to being physically at home but had more to do with the mother's lack of her "own time". Not having their own time effected their relationship with their spouse and friends. Isolation and decreased social support in the post-partum

period has been identified as a stressor for new mothers (Rickett, 1987). For one of the mothers, it was difficult to come to terms with not having time to get other things done around her home.

The mothers also shared the fact that the changes in their physical and emotional selves also caused them concern. Several of the women found the changes to their bodies during the early weeks post-delivery to be a source of anxiety. This finding is similar to Rover's (1986) results at one week post-discharge in which women identified getting their figures back as the most important concern.

Conflicting advice. An issue for several of the new mothers was receiving unsolicited and conflicting advice regarding a variety of baby care issues. Conflicting advice undermined the confidence of the women in relation to breastfeeding. The conflicting advice was a source of irritation and frustrated the women. Conflicting advice from different individuals has been identified as a source of frustration for breastfeeding women that has led to the discontinuation of breast feeding in some cases (Ellis & Hewat, 1983; Solberg, 1984). One of the mothers felt that even the literature she had read had given her two different messages on how to care for her newborn.

Self-confidence. At six to seven weeks post-delivery the eleven of the women interviewed initially talked about gaining increased confidence in their ability to care for their babies. One mother, who was the negative case, stated that she did not feel comfortable caring for her baby in the earlier days at home due to a lack of preparation while she was still in the hospital. All the other women said caring for

the baby was enjoyable and had established routines with their babies. This increased comfort level gave the mothers time to think about other issues. In a study on women who chose early discharge, Carty & Bradley (1990) found that women who selected and planned for an early discharge post-partum demonstrated high confidence levels. Findings in this study were similar, with eleven out of the twelve women interviewed identifying that they would have chosen voluntary early discharge if given a choice. The secondary informant interviewed also stated that she would have selected early discharge if given the option. The secondary informant felt that she was able to get to know her baby better in the comfort of her own home. She identified that being at home and making her own decisions about her baby's care helped boost her self-confidence.

Breastfeeding was a topic of discussion in all of the second interviews. Initially the focus was on getting started with breastfeeding and the discomforts associated with initial feedings. However in the second interviews the women talked more about feeling comfortable nursing their babies in public places and how they would cope with taking the baby out for longer periods. The length of time they were going to continue breastfeeding was also an issue that was discussed in several of the interviews.

Women did describe themselves as coping better at six to seven weeks post-delivery due to somewhat less fatigue and the adoption of a routine. The women noted that their babies were sleeping for longer between feedings (three to four hours) especially at night. Their perception of less fatigue may be related to a lesser

number of sleep interruptions experienced during the night. The women's identification of less fatigue at six to seven weeks post-partum is reflective of the findings in Campbell's (1985) research. All of the women in the Campbell study reported feelings of tiredness, which were most evident in the first three weeks following birth. By the fourth week it had become less of a concern to the women interviewed. The babies' sleep habits changed, moving toward longer sleep periods even in those early weeks. This assisted the mothers in being more capable of handling the day to day activities of new motherhood.

Although early postpartum discharge is not a new concept, nursing research on early discharge has been done primarily via retrospective studies to establish its safety for mother and baby and to establish its usefulness in health care cost reduction. Most of the earlier research was conducted utilizing various quantitative methods.

In this study it appeared that if women are mentally ready for early discharge and have support at home that the involuntary nature of the program does not have an adverse effect. This finding that mental readiness is important is similar to and supported by those reported in earlier investigations in which women either had a choice of voluntary early postpartum discharge or were participants in a specific early discharge program with extended home follow-up after discharge by nurses in specially designed programs. The one participant who was not ready for discharge and continued to have concerns about the experience up to the time of the second

interview would not have selected early discharge had she been given a choice. she was also the only participant who lacked an effective support system.

Implications

Practice

Becoming a mother is a significant milestone in a woman's life. Social and political forces continue to influence the nature of health care resources available to new mothers. Nurses provide care to new mothers in a variety of settings and in a number of ways. With the advent of compulsory early discharge and the recent changes in the role of nurses in the hospital setting there is a greater emphasis on the need for exemplary care in the community.

With the Healthy Beginnings Program currently available, a visit is made by the community health nurse within a 24 - 48 hour period after the mother and baby arrives home. Follow-up visits by the community health nurses were important in assisting mothers with their adjustment in this study. The initial visit from the community health nurse is important for assessing the needs and coping skills of the new mothers. In particular, assessment of available support systems, in terms of the type of support available and whether or not it is functional should be done on an individual basis. Nurses must also examine their practice in terms of how often they visit and provide contact with new mothers. Some primiparas need the continued contact and these women must be identified. Not all mothers may require more than one visit. It is imperative that nurses allow time for visits with mothers who need

the additional support and/or education. An assessment of their willingness and ability to access support groups must be conducted. Continued telephone contact initiated by the health nurse would be of benefit, particularly to those women who are reluctant to access support services for themselves.

Nurses working in the community are required to have increased knowledge and skills in assessment of the newborn and the mother in the early post-partum period. Further education for community health nurses should be provided to enhance the nurses' skills in such things as neonatal assessment and screening for postpartum depression.

Education for new mothers and their partners should be based on individualized and thorough assessments of the parents' situation, such as level of knowledge, availability of support, and comfort level in caring for a newborn baby. Inclusion of the woman's partner and additional family members in the education available would decrease the conflicting advice and information based on myth that surround care of the mother and the newborn in the first few months.

The utilization of midwifery services would also benefit women who required additional follow-up and ongoing support. The rapport that a midwife establishes with the woman prenatally is of importance for women who would not feel comfortable asking questions of a health nurse with whom they may have contact only once or twice.

Further Research

The results from this study concur with other research findings that

demonstrate womens' concerns in the early post-partum period. Further investigation is required into the effect of early discharge at 24 hours or less on first-time mothers from a variety of social and cultural backgrounds. Additional research could explore the effects of early discharge on women who lack social support at home, single mothers, and adolescent mothers. When one considers that postpartum depression occurs most frequently in women who have another child at home, exploration of the effect of early discharge on multiparous women should also be considered.

With the rapid changes in the services provided both in the hospital and in the community in recent months further research from the new parents perspective is needed. Outcome research on mothers' satisfaction with the current system provided through the healthy beginnings program must be done to evaluate the efficacy of existing programs. Continued research in the areas of education for new mothers, utilization and effectiveness of support groups and the concept of self-confidence in new mothers is needed.

Education

Thorough assessment skills for the infant and postpartum woman need to be included in educational programs. As the move to shorter stays for the mother and baby continues, health care professionals working in the community must be able to readily recognize any adverse findings in either the mother or the baby.

Educational programs designed for student nurses should include course content that addresses the issues and concerns identified in this study. Particular

attention should be paid to detailed education on how to breastfeed, the signs of postpartum depression, and physical concerns of the mother such as excessive lochia or infection. Students must also become familiar with the community resources available for new parents in the area in which they are working.

Summary

The focus of the previous research in the area of early discharge has been primarily in relation to the safety of the practice for both mother and baby. Measurements of re-admission to a hospital are not always accurate indicators of parents' satisfaction with health care practice. A description of the experience of early discharge from an emic perspective has not been well explored. Nurses, midwives and health professional educators need to understand the experience of parenthood, and in particular motherhood, from the perspective of the individuals experiencing this major role transition. The purpose of this research study was to identify and describe the experience of early discharge for first-time mothers based on their perceptions and individual situations. Through the process of completing this study it was identified that early discharge can be a positive experience for certain groups of women. The importance of evaluating each new mothers' individual situation and support systems is evident. As changes to the health care system begin to stabilize and programs such as Healthy Beginnings are evaluated, additional support programs and community resources will need to be more accessible to all new mothers experiencing early discharge.

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Appendix A
Information Letter
(Primary Informant)

Research Study Title: An Exploration of First-time Mothers' Perceptions of Early Discharge

Researcher: Wendy Tanaka Collins
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Supervisor: Dr. P.A. Field
Professor, Faculty of Nursing
University of Alberta
Phone: 492-6248

Are you a first time mother and left the hospital at 48 hours or less after the birth of your baby?

Are you interested in volunteering to participate in a research study?

I am a nurse and a mother of two children. I am doing a research study to learn more about what it is like to be discharged from hospital at 48 hours or less for first-time mothers. I would like to talk to you about the study to find out if you might be interested in taking part in the study.

The purpose in this study is to learn more about the experiences of first-time mothers after they leave the hospital at 48 hours or less.

First-time mothers who agree to take part in this study will be asked to talk about their experiences after leaving the hospital at 48 hours or less. It will be an informal discussion. These discussions will take place twice, once at 7 - 10 days after you come home from the hospital and again approximately four weeks later. Each discussion will take about one hour. The discussions will be in your home (or another place that is suitable) at a time that is convenient to you.

If you are interested in taking part in this study, please fill out the attached sheet and give it to the nurse. I will call you and we can talk further about the study. After I have explained the study to you, you can decide if you would like to be a part of this study.

If you would like more time to think about being a part of this study, you may also call me at 492-4844. If I do not answer, please leave your name and phone number and I will call you back. We will talk more about the study at that time.

Permission to Call:

I, _____ (please print), give my permission to Wendy Tanaka Collins to call me at the telephone number listed below and at the time of day indicated, in order to give me further information about the study "An Exploration of First-time Mothers' Perceptions of Early Discharge".

Signature: _____

Telephone Number: _____

Time of Day to Call: _____

Appendix B
Information Letter
(Secondary Informant)

Research Study Title: An Exploration of First-time Mothers' Perceptions of Early Discharge

Researcher: Wendy Tanaka Collins
Master of Nursing Candidate, Faculty of Nursing
University of Alberta
Phone: 492-4844

Supervisor: Dr. P.A. Field
Professor, Faculty of Nursing
University of Alberta
Phone: 492-6248

Are you a first time mother and left the hospital at 48 hours or less after the birth of your baby?

Are you interested in volunteering to participate in a research study?

I am a nurse and a mother of two children. I am doing a research study to learn more about what it is like to be discharged from hospital at 48 hours or less for first-time mothers. I would like to talk to you about the study to find out if you might be interested in taking part in the study.

The purpose in this study is to learn more about the experiences of first-time mothers after they leave the hospital at 48 hours or less.

First-time mothers who agree to take part in this study will be asked to talk about their experiences after leaving the hospital at 48 hours or less. It will be an informal discussion at either 7 - 10 days or 6 - 7 weeks after you come home from the hospital. You may also be asked to rank concerns, fears, or anxieties identified by other mothers. these concerns will be on individual cards or respond to a written story. Each discussion will take about one hour. The discussion will be in your home (or another place that is suitable) at a time that is convenient to you.

If you are interested in taking part in this study, please fill out the attached sheet and give it to the nurse. I will call you and we can talk further about the study. After I have explained the study to you, you can decide if you would like to be a part of this study.

If you would like more time to think about being a part of this study, you may also call me at 492-4844. If I do not answer, please leave your name and phone number and I will call you back. We will talk more about the study at that time.

Permission to Call:

I, _____ (please print), give my permission to Wendy Tanaka Collins to call me at the telephone number listed below and at the time of day indicated, in order to give me further information about the study "An Exploration of First-time Mothers' Perceptions of Early Discharge".

Signature: _____

Telephone Number: _____

Time of Day to Call: _____

Appendix C

Informed Consent

(Primary Informant)

Research Project Title: An Exploration of First-time mothers' perceptions of Early Discharge

Researcher:
Wendy Tanaka Collins
Master of Nursing Candidate
Faculty of Nursing
University of Alberta
Phone: 492-4844

Supervisor:
Dr. P.A. Field
Professor
Faculty of Nursing
University of Alberta
Phone: 492-6248

Purpose of the Study: The purpose of this study is to learn about the experiences of first-time mothers when they are discharged from hospital at 48 hours or less with their baby.

Procedure: First-time mothers who are discharged from the hospital at 48 hours or less with their baby will be asked if they want to take part in this study.

In this study, you will be asked to talk about your experience of being discharged from the hospital at 48 hours or less. These conversations will last about one (1) hour. The first meeting will be around 2 weeks after you leave the hospital. the second meeting will be about 4 weeks later. The total time involved in the study will be about 3 hours. The talks will take place in your home at a time that is convenient for you. If you wish to meet in a place other than your home, then a different place will be arranged for the meeting. if you prefer the talks can be done over the telephone. The talks will be tape-recorded and a written record of them will be made.

Participation: There are no known health risks resulting from being in this study. Results from this study may help improve the care that nurses give to new mothers following the birth of their baby.

Voluntary Participation: Participation in this study is your choice. If you decide to be in the study, you can drop out at any time by telling me. During our talk you may refuse to answer any question or to stop the meeting at any point.

Confidentiality: Your name will not be used in this study. A number will be assigned to your written record instead of your name. Your name will be erased from the audio-tapes. Your name, address, consent form, and code number will be stored in a locked

cabinet, separate from the tapes. the tapes will be destroyed seven years after the study is finished. the typed interview and notes will remain in a locked file. these may be used for another study in the future, if approval is received from an ethical review committee.

When the study is finished a report will be written. The findings of this study may be published or presented at conferences, while some of the things you tell me may be included, your name or anything that can identify you will not be used. If you have any questions or concerns about this study at any time, you can contact me or my supervisor at the phone numbers listed above.

Consent: I have had the research procedures for this study explained to me. I am satisfied with the answers I have received to my questions. I know that I can contact the researcher or her supervisor if I have any questions in the future. I understand the benefits of participating in this study. I understand that all records that can identify me will be kept confidential. I know that I an drop out of this study at any time. I also understand that if any information about abuse of someone under 18 years of age is disclosed by me during the study, it will be discussed with me. The researcher will need to report this information to Family and Social Services. The researcher will also contact the community health nurse and ask her to visit me. this information cannot be kept confidential.

Participant's Statement:

I, _____, have read this information and agree to be in the study called "An Exploration of First-time Mothers' Perceptions of Early Discharge". I have received a copy of this consent form to keep.

_____ _____
(Signature of Participant) (Date)

_____ _____
(Signature of Researcher) (Date)

****

IF YOU WISH TO RECEIVE A SUMMARY OF THE STUDY WHEN IT IS FINISHED, PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

Appendix D

Informed Consent

(Secondary Informant)

Research Project Title: An Exploration of First-time mothers' perceptions of Early Discharge

Researcher:
Wendy Tanaka Collins
Master of Nursing Candidate
Faculty of Nursing
University of Alberta
Phone: 492-4844

Supervisor:
Dr. P.A. Field
Professor
Faculty of Nursing
University of Alberta
Phone: 492-6248

Purpose of the Study: The purpose of this study is to learn about the experiences of first-time mothers when they are discharged from hospital at 48 hours or less with their baby.

Procedure: First-time mothers who are discharged from the hospital at 48 hours or less with their baby will be asked if they want to take part in this study.

In this study, you will be asked to talk about your experience of being discharged from the hospital at 48 hours or less. The conversations will be done at either 7 - 10 days or at 6 - 7 weeks after the birth of your baby. The total time involved in the study will be about one (1) hour. You may also be asked to rank information that is on cards in an order that describes your experience. The talks will take place in your home at a time that is convenient for you. If you wish to meet in a place other than your home, then a different place will be arranged for the meeting. if you prefer the talks can be done over the telephone. The talks will be tape-recorded and a written record of them will be made.

Participation: There are no known health risks resulting from being in this study. Results from this study may help improve the care that nurses give to new mothers following the birth of their baby.

Voluntary Participation: Participation in this study is your choice. If you decide to be in the study, you can drop out at any time by telling me. During our talk you may refuse to answer any question or to stop the meeting at any point.

Confidentiality: Your name will not be used in this study. A number will be assigned to your written record instead of your name. Your name will be erased from the audio-

tapes. Your name, address, consent form, and code number will be stored in a locked cabinet, separate from the tapes. the tapes will be destroyed seven years after the study is finished. the typed interview and notes will remain in a locked file. these may be used for another study in the future, if approval is received from an ethical review committee.

When the study is finished a report will be written. The findings of this study may be published or presented at conferences, while some of the things you tell me may be included, your name or anything that can identify you will not be used. If you have any questions or concerns about this study at any time, you can contact me or my supervisor at the phone numbers listed above.

Consent: I have had the research procedures for this study explained to me. I am satisfied with the answers I have received to my questions. I know that I can contact the researcher or her supervisor if I have any questions in the future. I understand the benefits of participating in this study. I understand that all records that can identify me will be kept confidential. I know that I an drop out of this study at any time. I also understand that if any information about abuse of someone under 18 years of age is disclosed by me during the study, it will be discussed with me. The researcher will need to report this information to Family and Social Services. The researcher will also contact the community health nurse and ask her to visit me. this information cannot be kept confidential.

Participant's Statement:

I, _____, have read this information and agree to be in the study called "An Exploration of First-time Mothers' Perceptions of Early Discharge". I have received a copy of this consent form to keep.

_____ _____
(Signature of Participant) (Date)

_____ _____
(Signature of Researcher) (Date)

****

IF YOU WISH TO RECEIVE A SUMMARY OF THE STUDY WHEN IT IS FINISHED, PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

Appendix E

Biographical Information

1) How old are you?: _____

2) What is/was your occupation?: _____

3) What is the highest level of education you have obtained?

_____ no high school

_____ high school - less than grade 12

_____ high school - completed grad 12

_____ college/technical school

_____ university -- how many years _____

-- highest degree _____

4) Did you have help in the home following the birth of your baby? YES NO

If yes, was this help full-time_____ or part-time _____?

Was the helper: Your partner _____ Other family member _____

Hired help ____

For how long did you have this help? _____

5) Which of the following best describes you?

_____ married

_____ single, living in a stable relationship

_____ single, living with parents/other family members

_____ living alone

6) How long was your labour? _____ Was it a normal birth? YES NO

7) Did you require stitches after the birth of you baby? (episiotomy) YES NO

8) Did you receive a telephone call from a community health nurse following your discharge from the hospital? YES NO

9) Have you received a visit from a community health nurse? YES NO If yes, when did the nurse visit you? _____

10) Did the nurse visit more than once? YES NO

If yes, how many times has the nurse visited? _____

11) Have you had a student nurse visit you following your discharge from the hospital? YES NO

If yes, how many times has the student nurse visited? _____

12) What is the current yearly level of income in your family?

_____ less than $19,999

_____ $20,000 to $29,999

_____ $30,000 to $39,999

_____ $40,000 to $49,999

_____ greater than $50,000

Appendix F

Sample Interview Guide
(Interview at 7 - 10 Days Postpartum)

(a) Tell me about what it was like for you to be at home within 48 hours after you had your baby. How did you cope when you got home?

(b) Can you describe some of the feelings you had when you came home at _____(fill in the appropriate time frame for woman).

(c) How has being discharge at 48 hours or less after the birth of your baby affected your becoming a new mother?

(d) Tell me about any problems or concerns you have encountered related to yourself and/or your baby over the past few weeks.

(e) What do you consider as some of your greatest sources of help during the first few days and first few weeks at home?

Either question (f) or (g) will be asked dependent on the support listed

(f) Tell me how you think your experience might have differed if you had some help at home.

(g) Tell me how you think your experience might have differed if you didn't have the help you had at home.

Appendix G

Storyline

Twelve first time mothers to date, have been interviewed for this study. several factors were identified that influenced the experience of early discharge for these new mothers. For each of the women their experience was affected by their readiness to go home, their perception of their physical well-being and their level of being prepared for the challenge of new parenthood.

Antecedent conditions were identified that had and impact on whether the mothers viewed their early discharge as a positive or negative experience. These included preparing for their baby through getting the baby's room and clothing ready, prenatal education through classes, self-education - through reading books and magazine articles, and talking with family and friends who had experience with babies. Post-delivery education received in the hospital was also identified as important in setting the stage for discharge.

Individual labour and delivery experiences were shared by each of the mothers. Their perceptions ranged from a sense of a relatively easy labour to a hard and difficult one. A perceived difficult labour did not always equate with a desire to stay longer in the hospital.

How the women felt physically following the baby's birth made a difference for some of the mothers. The one mother who felt she was not prepared for early discharge did not feel her labour and delivery experience was a positive one. She described feeling unsupported by the hospital staff and physically unable to cope during the initial days at home. She identified that the teaching she received in the hospital prior to discharge was not enough for her to feel comfortable in caring for her baby.

When speaking about their time to go home the new mothers identified several common experiences. These were a readiness to go home and a sense of control. Several of the mothers shared similar needs for control and being in control of what was happening to themselves and their babies. A lack of control in the hospital setting was identified as adding to their desire to go home.

The transition to motherhood in the early days was affected by several factors. These included support, beliefs and attitudes of the individual mothers, concerns about themselves, concerns about their baby and whether the mothers viewed their babys' as "good".

Support was identified as crucial in assisting the new mothers. Those mothers who perceived support talked about a smoother transition to the new role of motherhood. The mothers also identified support during their labour and delivery as invaluable. Those women who felt supported during their difficult labours spoke positively about their entire hospital experience. After discharge, one type of support that the women talked about was in the form of instrumental support -

having someone prepare meals, clean the house, and/or answer the telephone while the new mother was getting some extra sleep. Some of the women also identified that having someone in the house to listen for the baby while they took a shower provided a sense of relief. Affirmative or emotional support was also described by the women as an important part of being at home with their new baby. The support came from a variety of sources - spouse, other family members, ie. mothers, mothers-in-law, sisters, friends, as well as from community health nurses. Many of the new mothers also had effective coping skills to survive the early days at home. These mothers had support as well, they were able to priorize and assign physical tasks to others.

The mothers' beliefs and attitudes played a major role in whether the women viewed their experience as a positive one. Several of the women said that they would not have wanted to stay in the hospital longer even if they were given the choice. For one of the mothers her lack of support at home, having to cope with conflicting advise and concerns about her lack of preparedness (information about how to care for her baby and about her own physical changes) led to dissatisfaction with her early discharge experience. Concerns about themselves and their babies also was identified as significant. All of the women were breastfeeding and many of their concerns centered around their ability to breastfeed and the adequacy of the baby's intake.

Each of the new mothers was interviewed a second time several weeks after the baby's arrival. In these interviews there were similar themes identified that reflected the earlier themes. The women shared that support was still key in how they felt about their experience of early discharge. As well, new themes were identified in the later weeks. These included: feelings of confinement, conflicting advise, increased self-confidence, and positive changes in their babys as they became more interactive.

Several of the mothers were eager to make suggestions to other new mothers. Primarily the utilization of support from individuals, health care providers, and support groups were identified. The importance of being able to accept assistance when it is offered was also stressed.